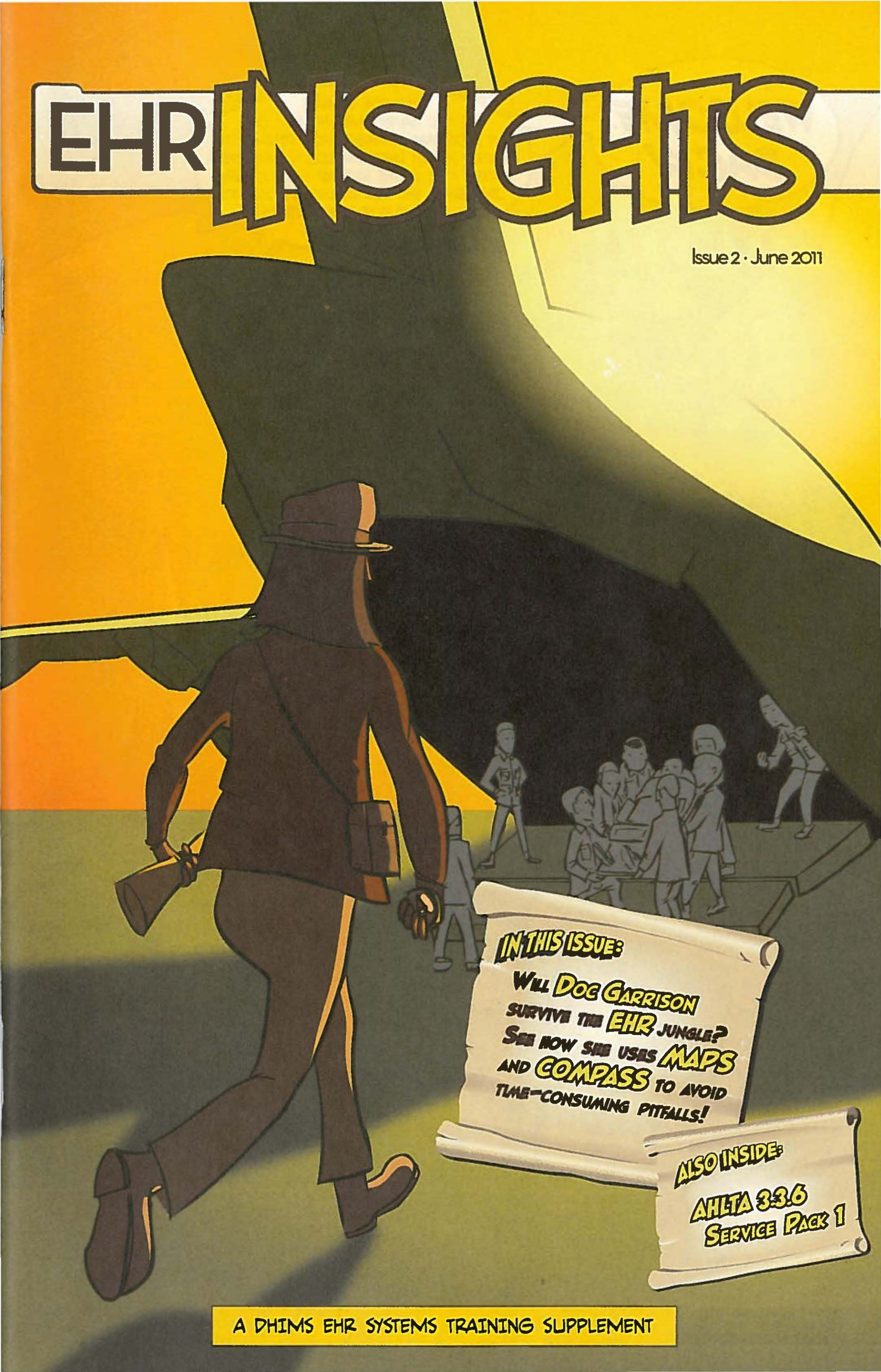
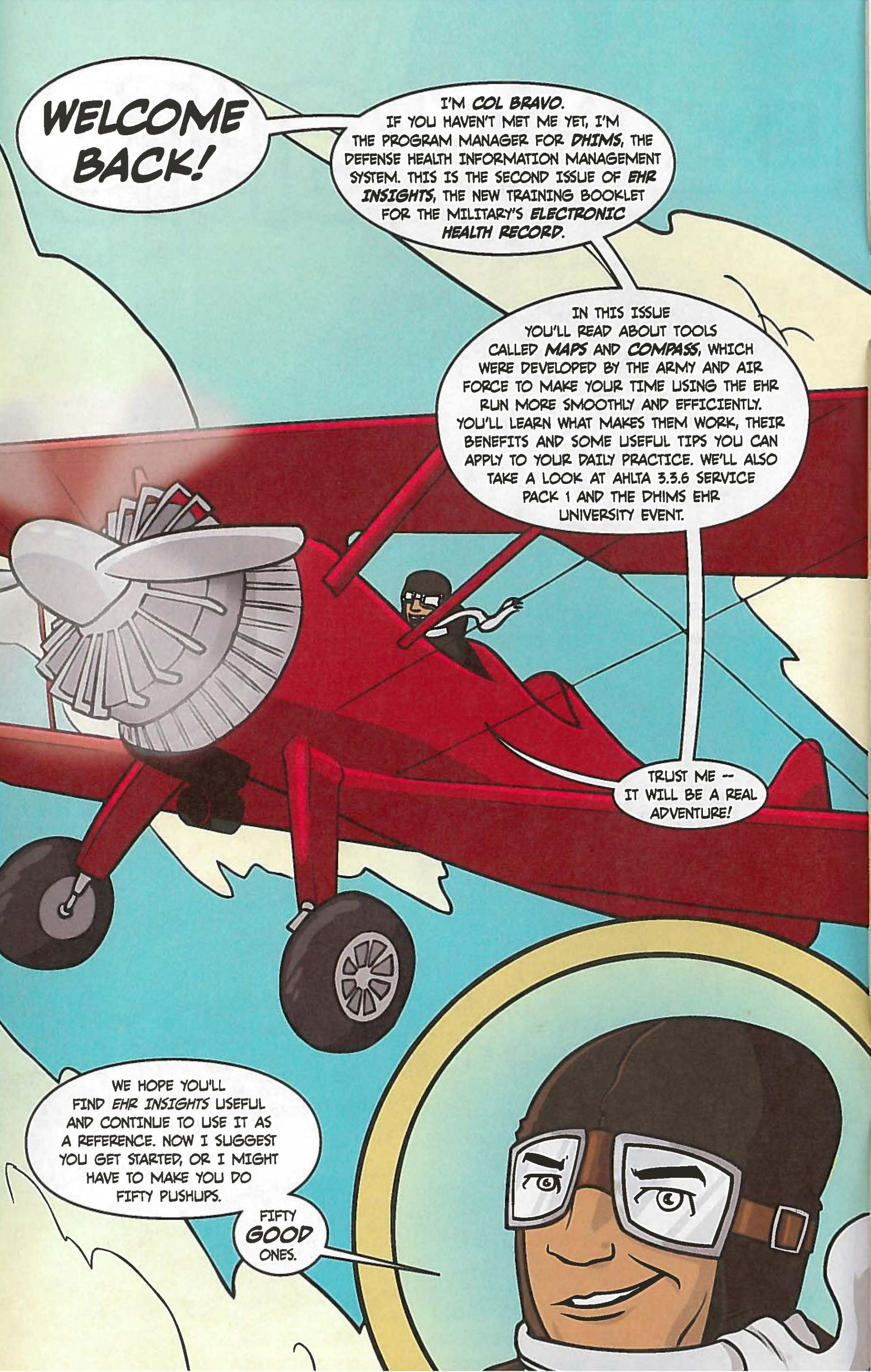
EHR INSIGHTS

Issue 2 · June 2011


IN THIS ISSUE:
WILL DOC GARRISON SURVIVE THE EHR JUNGLE? SEE HOW SHE USES MAPS AND COMPASS TO AVOID TIME-CONSUMING PITFALLS!
ALSO INSIDE:
AHLTA 3.3.6 SERVICE PACK 1

A DHIMS EHR SYSTEMS TRAINING SUPPLEMENT


WELCOME BACK!
I'M *COL BRAVO*. IF YOU HAVEN'T MET ME YET, I'M THE PROGRAM MANAGER FOR *DHIMS*, THE DEFENSE HEALTH INFORMATION MANAGEMENT SYSTEM. THIS IS THE SECOND ISSUE OF *EHR INSIGHTS*, THE NEW TRAINING BOOKLET FOR THE MILITARY'S *ELECTRONIC HEALTH RECORD*.
IN THIS ISSUE YOU'LL READ ABOUT TOOLS CALLED *MAPS* AND *COMPASS*, WHICH WERE DEVELOPED BY THE ARMY AND AIR FORCE TO MAKE YOUR TIME USING THE EHR RUN MORE SMOOTHLY AND EFFICIENTLY. YOU'LL LEARN WHAT MAKES THEM WORK, THEIR BENEFITS AND SOME USEFUL TIPS YOU CAN APPLY TO YOUR DAILY PRACTICE. WE'LL ALSO TAKE A LOOK AT AHLTA 3.3.6 SERVICE PACK 1 AND THE DHIMS EHR UNIVERSITY EVENT.
TRUST ME -- IT WILL BE A REAL ADVENTURE!
WE HOPE YOU'LL FIND *EHR INSIGHTS* USEFUL AND CONTINUE TO USE IT AS A REFERENCE. NOW I SUGGEST YOU GET STARTED, OR I MIGHT HAVE TO MAKE YOU DO FIFTY PUSHUPS.
FIFTY *GOOD* ONES.

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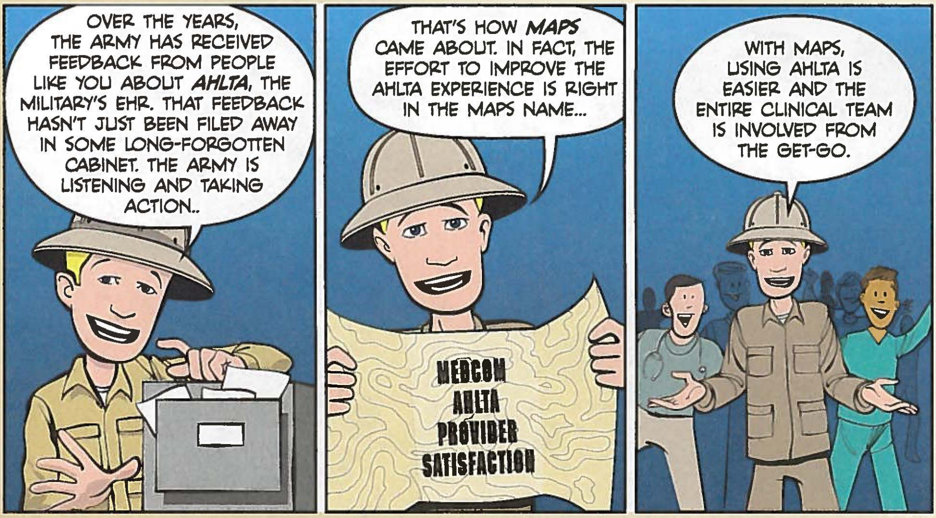
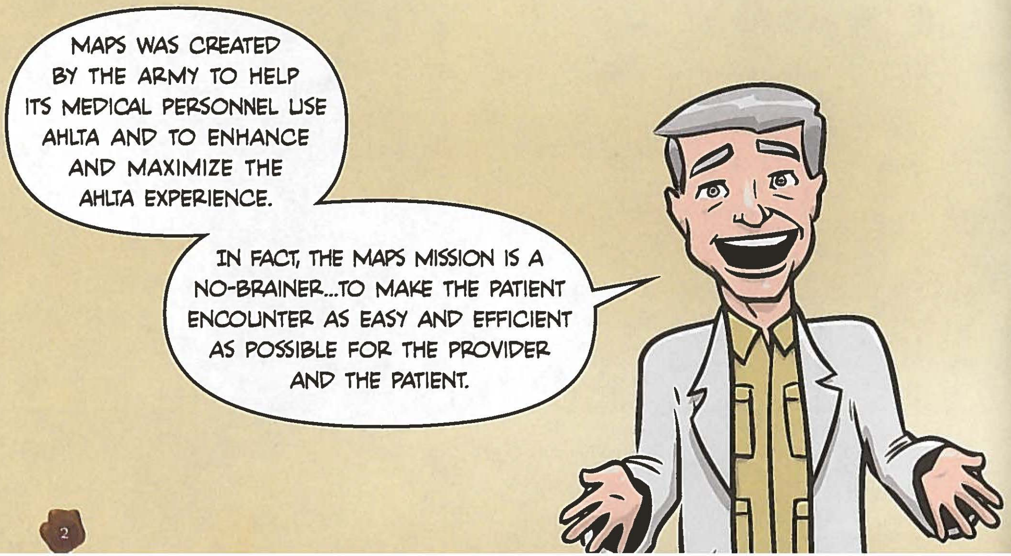
EHR Insights is an official publication of the Defense Health Information Management System, a component of the Military Health System, Office of the Chief Information Officer. *EHR Insights* provides supplemental training information for those members of the military's medical community responsible for electronically documenting, managing and sharing healthcare information provided to military service members, retirees and their beneficiaries worldwide. The views and opinions expressed are not necessarily those of the MHS OCIO or Department of Defense.

MAPS


OVER THE YEARS, THE ARMY HAS RECEIVED FEEDBACK FROM PEOPLE LIKE YOU ABOUT *AHLTA*, THE MILITARY'S EHR. THAT FEEDBACK HASN'T JUST BEEN FILED AWAY IN SOME LONG-FORGOTTEN CABINET. THE ARMY IS LISTENING AND TAKING ACTION..
THAT'S HOW *MAPS* CAME ABOUT. IN FACT, THE EFFORT TO IMPROVE THE AHLTA EXPERIENCE IS RIGHT IN THE MAPS NAME...
MEDCOM
AHLTA
PROVIDER
SATISFACTION
WITH MAPS, USING AHLTA IS EASIER AND THE ENTIRE CLINICAL TEAM IS INVOLVED FROM THE GET-GO.


MAPS WAS CREATED BY THE ARMY TO HELP ITS MEDICAL PERSONNEL USE AHLTA AND TO ENHANCE AND MAXIMIZE THE AHLTA EXPERIENCE.
IN FACT, THE MAPS MISSION IS A NO-BRAINER...TO MAKE THE PATIENT ENCOUNTER AS EASY AND EFFICIENT AS POSSIBLE FOR THE PROVIDER AND THE PATIENT.

ABOUT MAPS

MAPS is a set of hardware and software tools. But, more specifically, MAPS is individually customizable to each provider and allows each provider to use AHLTA to its maximum potential. MAPS provides a robust, individually-customizable suite of hardware and software tools that allows AHLTA users to make patient-provider encounters as easy and efficient as possible. The Army is committed to making MAPS implementation a success at every level. MAPS tools optimize the use of AHLTA to streamline the patient's experience and maximize efficiency for providers.

But what MAPS is really all about is improving the encounter for everyone. The success of MAPS depends not only on provider satisfaction but on patient satisfaction as well. The operative word in its name is "Satisfaction"—for both provider and patient. MAPS takes on a "team care" approach, from technicians and medics to nurses and doctors.

HOW MAPS GOT STARTED

To get to the point, MAPS began at the clinic level by providers who felt frustrated. Why? Patient encounters were time consuming and the accuracy of information collected in an encounter needed improvement. Providers, nurses and medics were spending hours entering encounter data into AHLTA and were overworked and overloaded. Something had to happen to make the encounter more efficient, more accurate and less time consuming.

A team of providers from the Europe Regional Medical Command (ERMC) rose to the challenge: to improve patient care and the documentation process in AHLTA by implementing several critical tools and streamlining the process. These clinical champions found and tested tools to improve AHLTA and streamline their practice. In 2009, the ERMC team's successful work was recognized as a potential Army Medical Department (AMEDD) model for leveraging AHLTA. Thus, MAPS was born.

THE MAPS TOOLKIT

Here are some of the tools used when putting MAPS to the test:

Standardized Alternate Input Method (AIM) Forms – AIM forms in AHLTA provide an additional way to document basic encounter information. Created by tri-service clinical consultants, AIM forms were designed to make the provider's workflow more efficient and streamlined. Bottom line: it simplifies the graphical user interface that produces a complete and readable note.

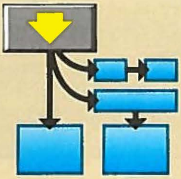
As-U-Type – As-U-Type is individually adaptable, customizable speed-typing and spell-checking software. It was designed to automate the repetitive tasks of encounter documentation and improve efficiency. Bottom line: this smart typing software works with all Windows© applications to increase typing accuracy and productivity.

Dragon Medical – Dragon Medical (DM) is voice recognition software that allows for automatic transcription of medical dictation. With DM, users can speak into a microphone or headset and their words will appear automatically in the EHR. The time providers need to document patient notes in AHLTA is significantly reduced. It also cuts down on mistakes and boosts the level of detail that is included in a patient record. Bottom line: this real-time speech recognition program allows the clinical team to spend more time interacting with the patient and less time on the keyboard.

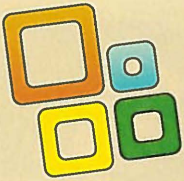
Quick Tip

You can use Dragon Medical to:

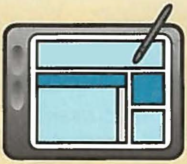
- Create and use shortcuts (aka macros) in AHLTA and other documents
- Move your cursor within the document, including to the beginning or end of your current line of text or the beginning or end of your current document
- Move up and down several lines
- Format your document, including the ability to apply Caps Lock, Bold, Set Font and Remove Formatting
- Select and Unselect a word or string of text, Select All and Unselect All
- Delete, Copy, Paste and Cut



Macros – A macro is a single instruction, often in the form of a key-stroke or command, which results in a series of instructions in computer language. Basically, it's a shortcut. By saying any one of a number of phrases in DM or typing any number of keywords in As-U-Type, preformatted text or forms (approved by medical consultants and coders) will appear in AHLTA. Bottom line: this saves valuable time for both provider and patient while simultaneously allowing for more complete encounter notes.

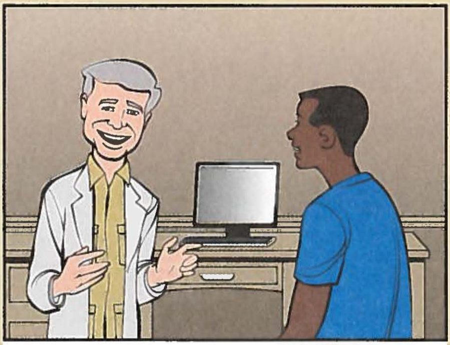


Microsoft© Office OneNote – OneNote is note-taking software and more. It allows users to capture and store information in a free-form way while using the Internet as well as a variety of different Microsoft programs. OneNote users can also organize and store audio, video and pictures. Bottom line: it provides one place to gather notes and share information so the clinical team can work together more effectively.

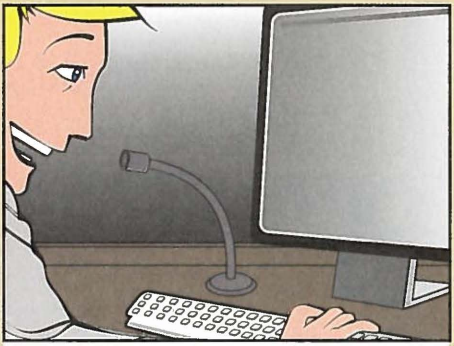


Tablet PCs – Tablet PCs offer wireless capability, thus enhancing provider mobility. Additionally, providers can use tablets within the encounter to provide hands-on education for patients as well as encourage active participation with their patients. Bottom line: it allows the team to review records anywhere in the clinic.

THE OVERALL BENEFITS OF MAPS



ALLOWS DOCTORS TO ENGAGE THEIR PATIENTS MORE EFFECTIVELY, CONTRIBUTING TO THE PATIENT-PROVIDER THERAPEUTIC ALLIANCE

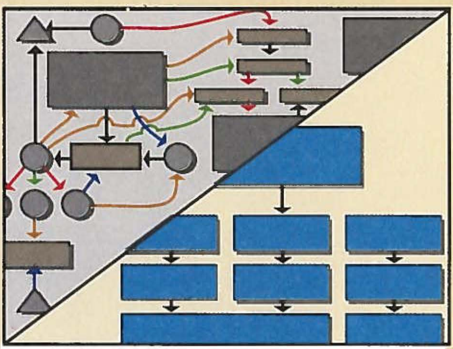


REDUCES THE NUMBER OF STEPS IN PROCESSES WHILE STILL MEETING JOINT COMMISSION, PATIENT ADMINISTRATION AND CODING REQUIREMENTS

PROVIDES A MORE COMPLETE MEDICAL RECORD EVEN BEFORE THE PROVIDER SEES THE PATIENT

ALLOWS PROVIDERS TO PULL UP CURRENT CLINICAL INFORMATION ON THEIR TABLET, GIVING PATIENTS THE OPPORTUNITY TO TAKE A MORE ACTIVE ROLE IN THEIR HEALTHCARE

REDUCES APPOINTMENT TIME, BENEFITING BOTH PATIENT AND PROVIDER



IMPROVES POPULATION HEALTH BECAUSE WORKFLOW ANALYSIS FORCES THE CLINICAL TEAM TO DOCUMENT MORE COMPLETE HEALTH HISTORIES AND REVIEW ALL AVAILABLE CLINICAL INFORMATION FOR THEIR PATIENTS

WHERE MAPS IS HEADED

Based on user feedback and other extensive testing, the MAPS team has recently developed MAPS v2.0. This upgrade aims to revolutionize the use of technology in Military Treatment Facilities (MTFs) by bringing together clinical systems trainers and clinical workflow analysts in a single clinic to teach and implement the holistic integration of MAPS tools into workflow processes. MAPS v2.0 dramatically increases the focus on team-based care; strives for total clinic transformation in support of emerging medical concepts, processes and procedures; and ultimately, continues the progression of higher-quality patient-provider encounters.

AIM Form Training Tip

You can find and add an AIM form to Templates Favorites in AHLTA 3.3.x by following these simple steps:

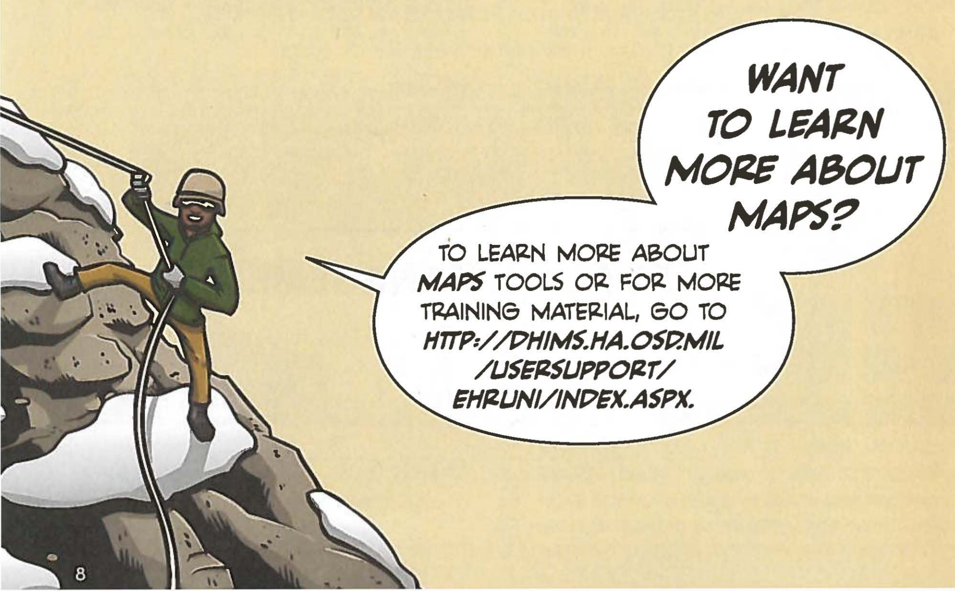
- From the folder list, click the Tools folder and then click Template Management
- Click the Expanded Search button on the Template Management tab to open Template Search
- Change Owner Type to Enterprise
- Type Usability AIM FM in the Template Name field and then click Search
- The NHP PC-Generic will appear in your search results
- Click on Usability AIM FM once to Select it
- Click Add Favorite to add it to the template drop down lists

WHAT'S HAPPENING TODAY WITH MAPS

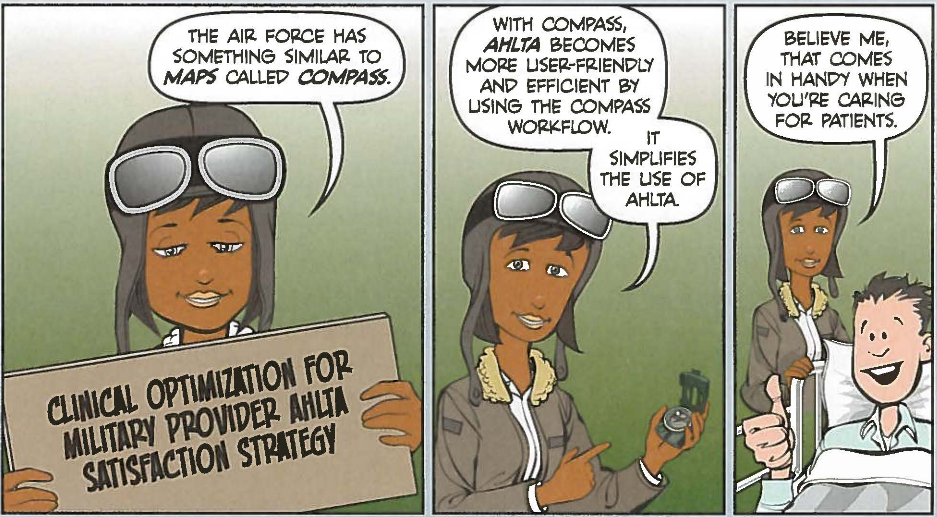
Since its initial deployment, over 4,500 providers have received personalized MAPS training. In 2011, the MAPS team will continue training efforts begun in 2010 with concierge style, user-specific training in the clinic with the team.

Other Facts:

- More than 250 trainers and clinical workflow analysts have been hired to train staff
- Thousands of software licenses and Tablet PCs have been purchased
- Works with Essentris®, the surgical suite, optometry clinic and in the combat theater
- As of March 2010, overall satisfaction with ALTHA has improved by 15% since introducing MAPS
- MAPS tools are matched with how individuals practice medicine
- Training takes place in the clinic, over-the-shoulder and with the entire team

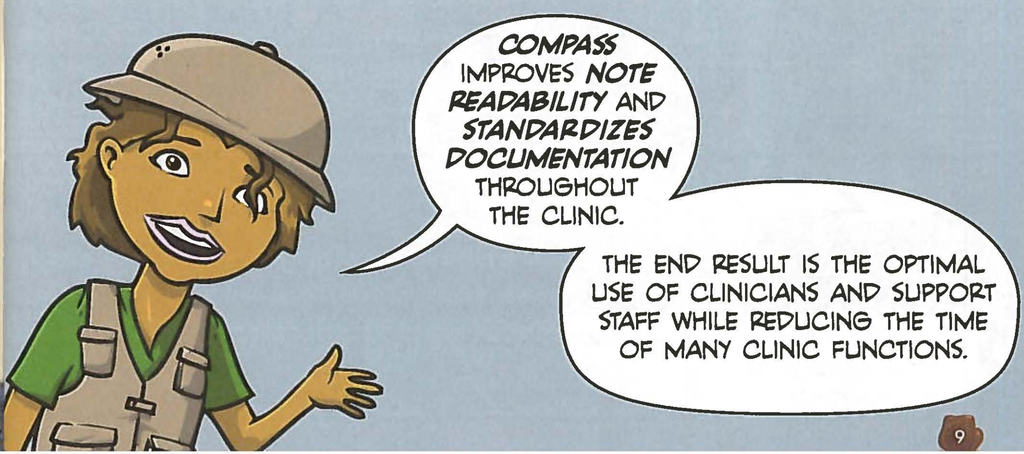

WANT TO LEARN MORE ABOUT MAPS?
TO LEARN MORE ABOUT MAPS TOOLS OR FOR MORE TRAINING MATERIAL, GO TO HTTP://DHIMS.HA.OSD.MIL/USERSUPPORT/EHRUNI/INDEX.ASPX.

COMPASS


THE AIR FORCE HAS SOMETHING SIMILAR TO *MAPS* CALLED *COMPASS.*
CLINICAL OPTIMIZATION FOR MILITARY PROVIDER AHLTA SATISFACTION STRATEGY
WITH COMPASS, *AHLTA* BECOMES MORE USER-FRIENDLY AND EFFICIENT BY USING THE COMPASS WORKFLOW.
IT SIMPLIFIES THE USE OF AHLTA.
BELIEVE ME, THAT COMES IN HANDY WHEN YOU'RE CARING FOR PATIENTS.

ABOUT COMPASS

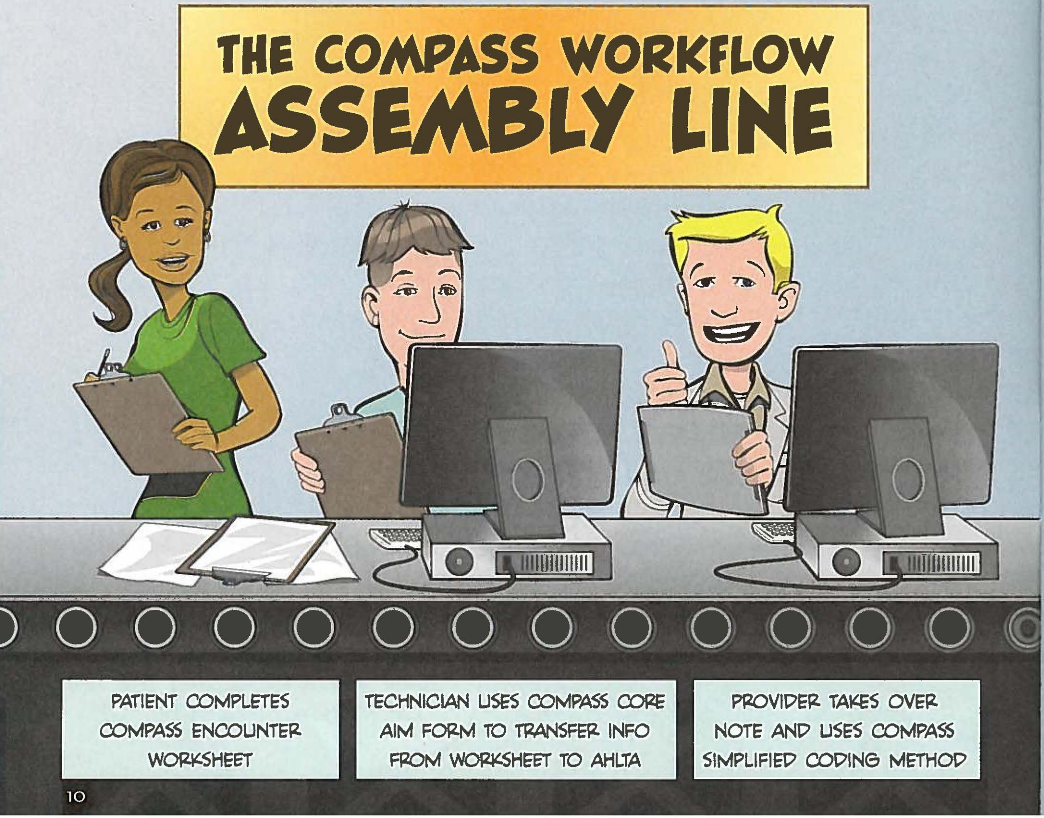
While MAPS uses medical technology to support the utilization of AHLTA, COMPASS focuses on a simple, standardized workflow. With COMPASS, providers' notes and comments are easily interpreted and the coding can be done more accurately. This is accomplished by establishing a standard workflow for primary care assessments, service delivery, accurate documentation and medical tracking through three main components: Compass Encounter Worksheet, Compass Core AIM Form and COMPASS Simplified Coding Method.


COMPASS IMPROVES *NOTE READABILITY* AND *STANDARDIZES DOCUMENTATION* THROUGHOUT THE CLINIC.
THE END RESULT IS THE OPTIMAL USE OF CLINICIANS AND SUPPORT STAFF WHILE REDUCING THE TIME OF MANY CLINIC FUNCTIONS.

HOW COMPASS GOT STARTED

Before COMPASS, there was no standardized workflow for primary care. Each provider and medical technician developed their own techniques of how to deliver care and document their work. This piecemeal approach led to inefficiencies, a lack of interchangeable parts, countless hours of workflow development and a lack of standardization. COMPASS standardizes the process to correct the results of an inefficient workflow.

COMPASS was developed by the Air Force to improve medical documentation processes for patients. Input was collected from a team of clinicians, technicians, policy writers, medical coders and IT specialists. It's much like a dependable assembly line for medical documentation. The COMPASS workflow can be tweaked to better meet the needs of a particular clinic, but the essential elements of the workflow will be the same at every COMPASS clinic.


THE COMPASS WORKFLOW ASSEMBLY LINE
PATIENT COMPLETES COMPASS ENCOUNTER WORKSHEET
TECHNICIAN USES COMPASS CORE AIM FORM TO TRANSFER INFO FROM WORKSHEET TO AHLTA
PROVIDER TAKES OVER NOTE AND USES COMPASS SIMPLIFIED CODING METHOD

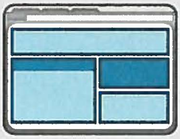
THE COMPASS TOOLKIT

Here's more about the three main tools that make COMPASS work:

COMPASS Encounter Worksheet – The COMPASS Encounter Worksheet standardizes the patient history given to the technician and provider. The worksheet is a simple double-sided Word document that is printed and handed to patients to fill out at every clinic visit. The technician takes the worksheet, asks any clarifying questions and performs additional screenings, if necessary, then enters the information into the four historical boxes in the record. In subsequent visits, the technician copy forwards this information, which expedites the check-in process. As a result, the technician only needs to update the information in AHLTA rather than having to enter it again.

Quick Tip

If AHLTA is down, the workflow doesn't change. The patient still fills out the front of the COMPASS Encounter Worksheet, and the technician uses the back to record demographic information and vital signs. The provider signs, stamps and adds it to the paper record. Once AHLTA is back up, the diagnosis and code can be entered into AHLTA.



COMPASS Core AIM Form – The COMPASS Core AIM form is the standard method for entering information into AHLTA and is the default encounter template for the clinic. With the COMPASS Core AIM form, the technician verifies allergies in the screening module, enters the vitals in the vital signs section and uses the HPI tab to transfer the rest of the information from the worksheet to the AIM form by copying forward if a return patient. Then, the provider can take ownership of the technician's note and complete the encounter by proceeding with the Physical Exam tab and the Prevention and Counseling tab.

Quick Tip

To avoid locking the copy forward function for a patient, only copy forward from the PMH tab in the copy forward template; never edit any information in the copy forward template. Select auto-enter on the PMH tab and then proceed directly to the COMPASS Core AIM form from the favorites drop-down list.

Items that copy forward:

- PMH/PSH/Family History/Medication List
- Exercise/Tobacco/Alcohol
- Joint Commission free text box
- Preventive Health Items free text box (in the Prevention and Counseling tab)
- Disease Management free text box (in the Prevention and Counseling tab)

The COMPASS Simplified Coding Method – The COMPASS Simplified Coding Method overrides AHLTA's Coding Calculator and consists of five questions provided on a quick reference sheet (see page 14) to meet the history, physical exam and Medical Decision Making (MDM) coding guidelines. With the standardized history delivered to the provider, the COMPASS Simplified Coding Method can be used to accurately code and get full credit for the work that is being performed at the clinic while enhancing the service offered to patients.

WHO DOES WHAT?

The use of the COMPASS workflow ensures a streamlined process for technicians, medical staff and providers. It's critical that all members involved fully understand their realm of operation and the impact that the COMPASS workflow has on everything they execute:

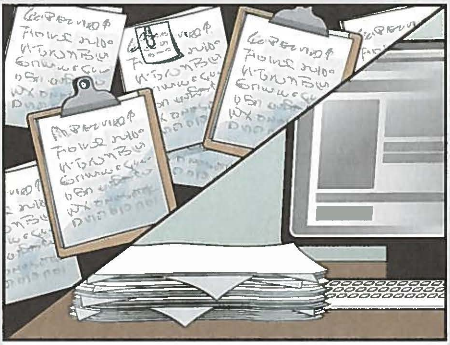
Technician core responsibilities:

- Entering information into the vital signs section
- Entering the history
- Entering medical conditions, surgeries, family history and medicines
- Including extra questions in the free text box at the bottom of the HPI tab
- Following rules of copy forward

Provider core responsibilities:

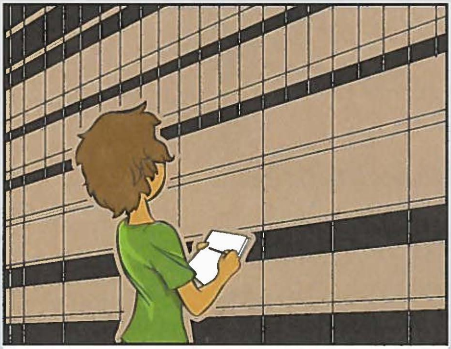
- Taking ownership of the technician's note
- Using the COMPASS Core AIM form as the first look AIM
- Using the COMPASS Simplified Coding Method to help code more accurately and to get credit for the work that has been documented

THE OVERALL BENEFITS OF COMPASS



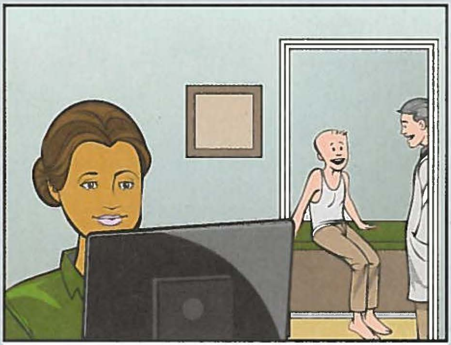
INCREASED READABILITY OF NOTES AND CODING ACCURACY

WORKFLOW PRESERVATION EVEN WHEN AHLTA IS UNAVAILABLE



INCREASED EASE OF TRACKING DISEASE MANAGEMENT MEASURES AND PREVENTIVE HEALTH ITEMS

EASIER TRAINING FOR NEW TECHNICIANS AND PROVIDERS DUE TO STANDARD WORKFLOW

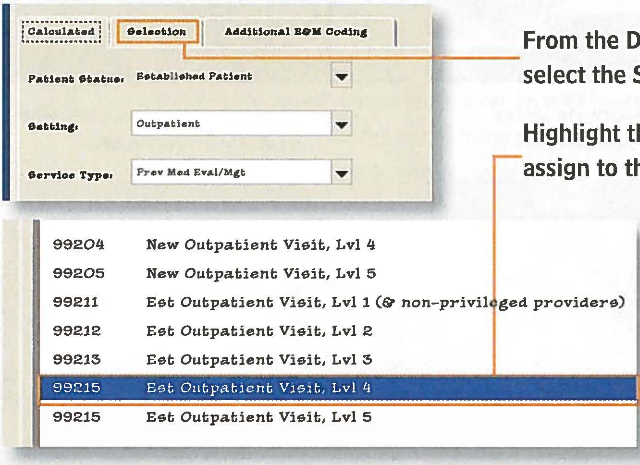


INCREASED RESPONSIBILITY ON TECHNICIAN, GIVING PROVIDER MORE TIME TO FOCUS ON THE PATIENT

INCREASED STAFF AND PATIENT SATISFACTION

COMPASS SIMPLIFIED CODING TRAINING TIPS

To Override AHLTA's Coding Calculator



Patient Status: Established Patient

Setting: Outpatient

Service Type: Prev Med Eval/Mgt

99204 New Outpatient Visit, Lvl 4
99205 New Outpatient Visit, Lvl 5
99211 Est Outpatient Visit, Lvl 1 (& non-privileged providers)
99212 Est Outpatient Visit, Lvl 2
99213 Est Outpatient Visit, Lvl 3
99215 Est Outpatient Visit, Lvl 4
99215 Est Outpatient Visit, Lvl 5

From the Disposition screen, select the SELECTION tab.

Highlight the code you want to assign to this encounter.

Simplified Coding Quick Reference

A "yes" response to any one of the items below gives a 99214* (Est Pt)** response:

- 3 Established Problems Stable or Improving (addressed in Subj)
- 1 Established Problem + 1 Established Problem Worsening (both addressed in Subj)
- 1 New Problem (to the provider) + Rx (not OTC med)
- Review and Summation of Old Note + Rx (not OTC med)
- Order Rad/ECG + Independent Review + Rx (not OTC med)

*Three assumptions: 1. Detailed History has been accomplished (CC:4:2:1); 2. This is an established patient; 3. Coding is based on documentation in the note (e.g., new problem must be stated as such in note, etc.).

**If the answer is "no" to all questions above, the code is a 99213 unless the patient has: 1. Only one problem, which is self-limited/established stable; and 2. Minimal data review or minimal management (rest/Band-Aids®, salt water gargles, etc.), then the code is a 99212.

A "yes" response to any one of the items below gives a 99203* (New Pt) response:

» 2 Established Problems Stable or Improving (addressed in Subj)

» 1 Established Problem Worsening (addressed in Subj) + OTC med

» 1 New Problem (to the provider) + OTC med

» Review and Summation of Old Note + OTC med

» Order Rad/ECG + Independent Review + OTC med

*Three assumptions: 1. Detailed History has been accomplished (CC:4:2:1); 2. Detailed Exam has been done (12 bullets in 2 systems or 2 bullets in 6+ systems- all clinically appropriate); 3. Coding is based on documentation in the note (e.g., new problem must be stated as such in note, etc.).

A "yes" response to any one of the items below gives a 99204* (New Pt) response:

» 3 Established Problems Stable or Improving (addressed in Subj)

» 1 Established Problem + 1 Established Problem Worsening (both addressed in Subj)

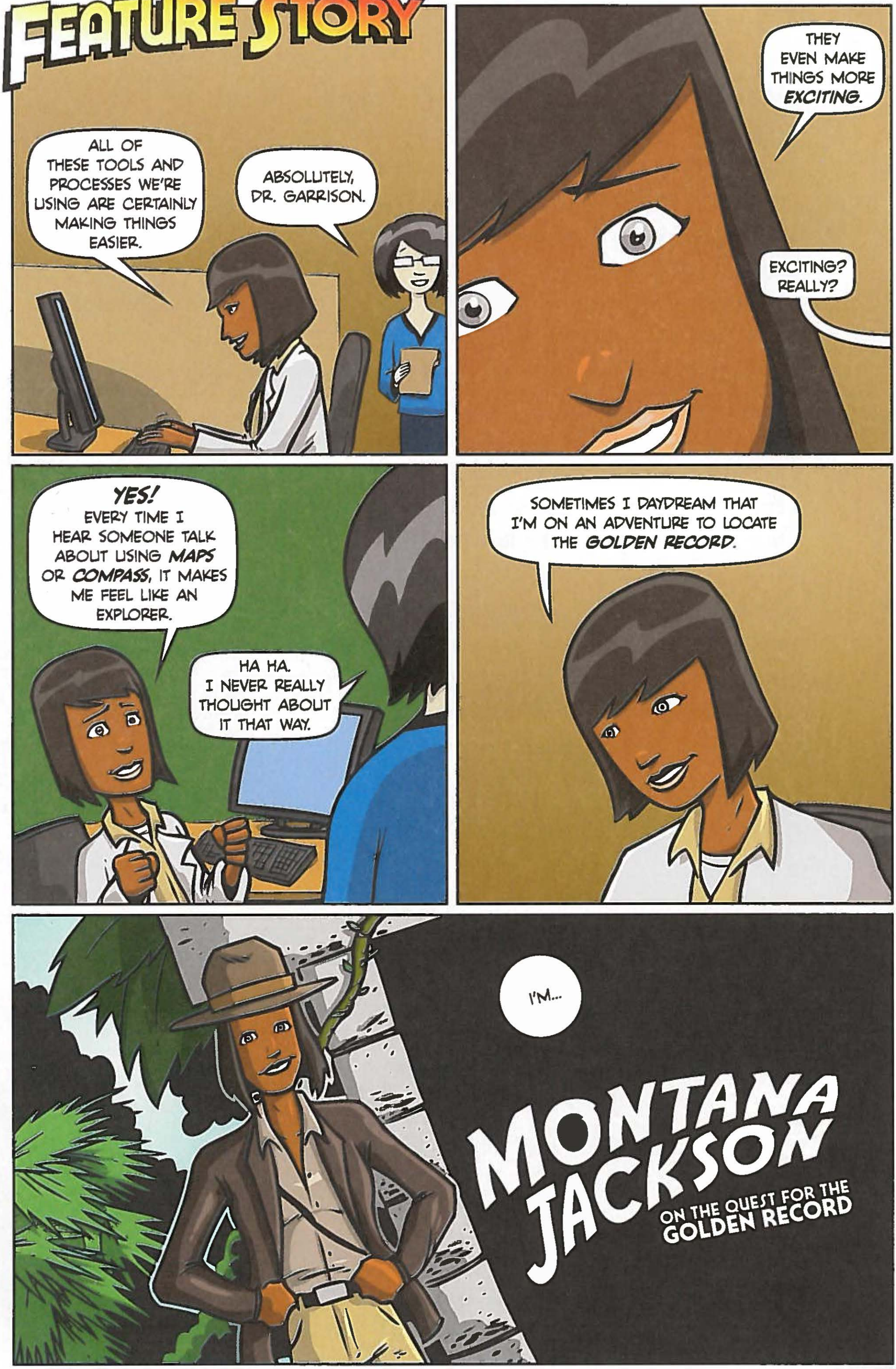
» 1 New Problem (to the provider) + Rx (not OTC med)

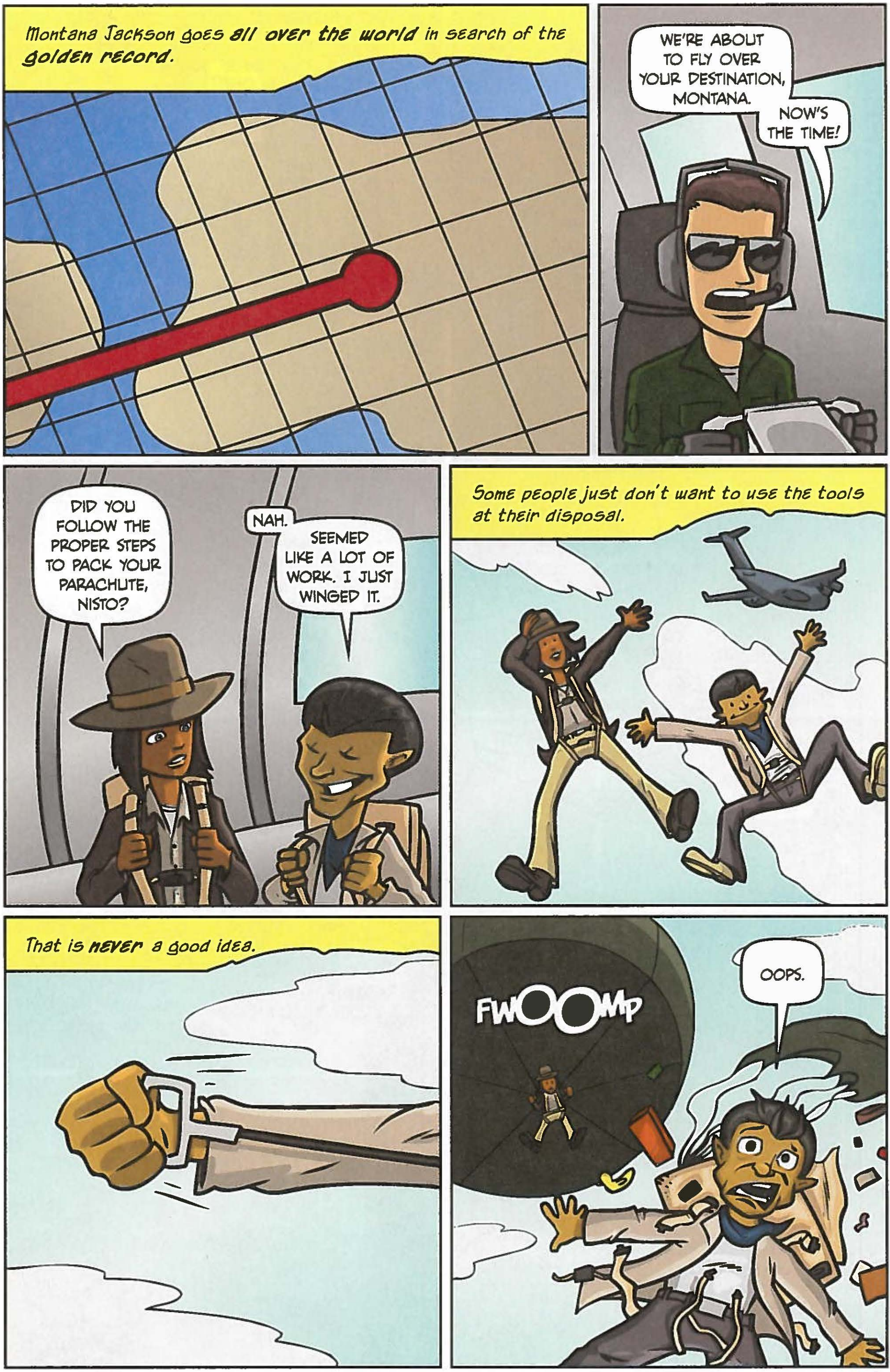
» Review and Summation of Old Note + Rx (not OTC med)

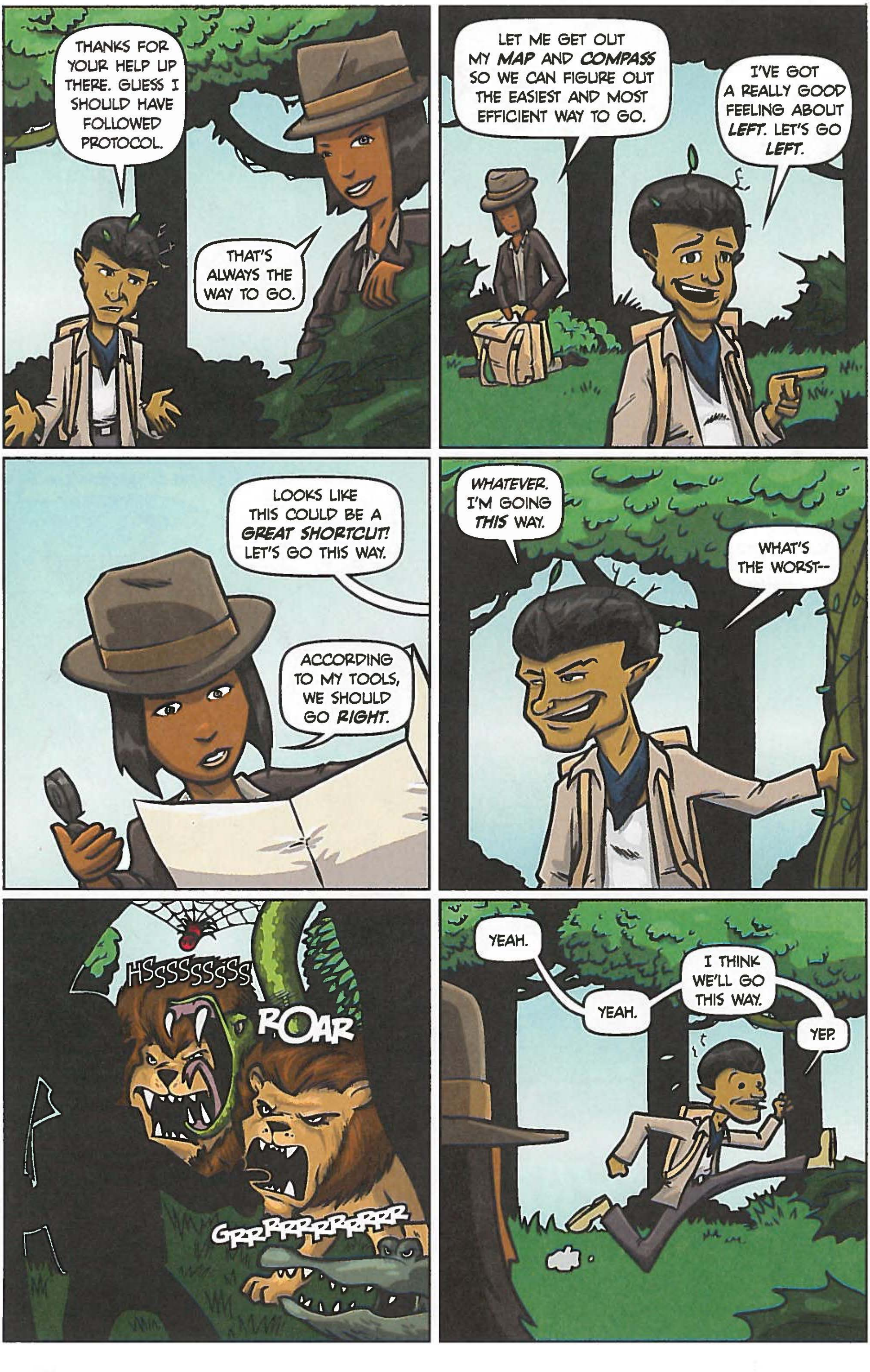
» Order Rad/ECG + Independent Review + Rx (not OTC med)

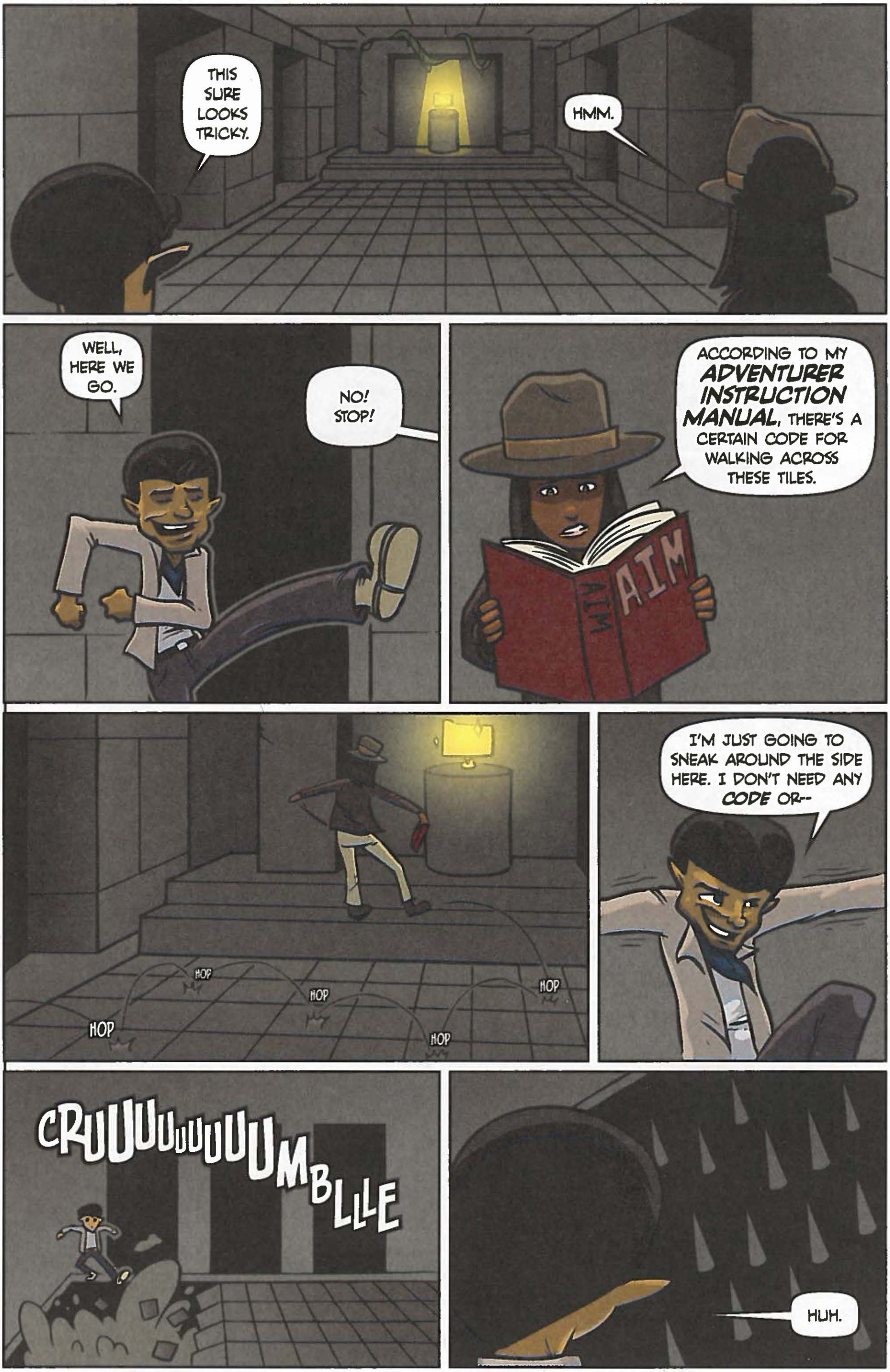
*Three assumptions: 1. Comprehensive History has been accomplished (4 elements of HPI + 10 system ROS + complete PFSH-Medical/Surgical/Family history documented); 2. Comprehensive Exam has been done (2 bullets from EACH of 9 systems—all clinically appropriate); 3. Coding is based on documentation in the note (e.g., new problem must be stated as such in note, etc.).

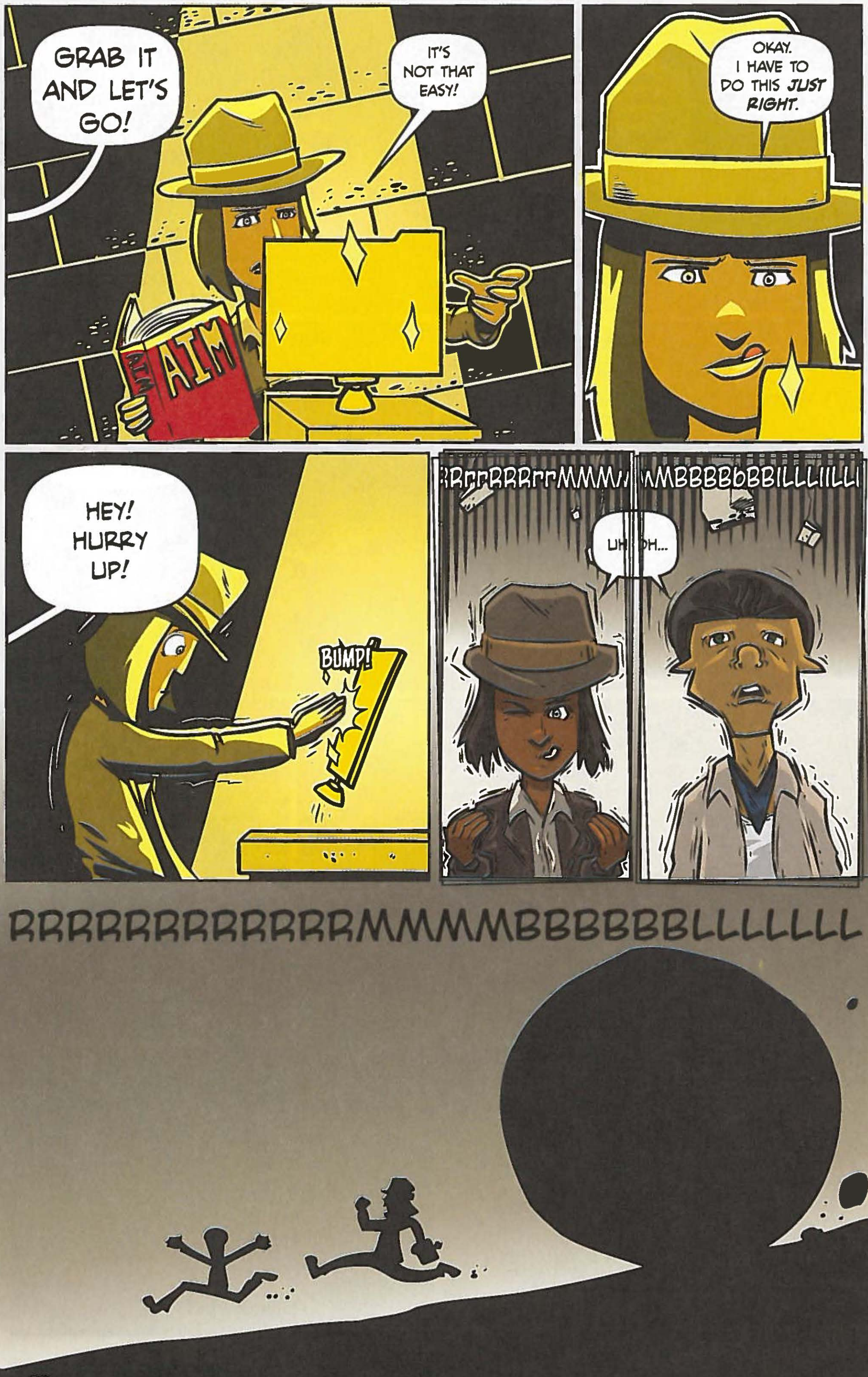
WANT TO LEARN MORE ABOUT COMPASS?
TO ACCESS MORE COMPASS TRAINING MATERIAL, GO TO HTTP://DHIMS.HA.OSD.MIL/USERSUPPORT/EHRUNI/INDEX.ASPX.

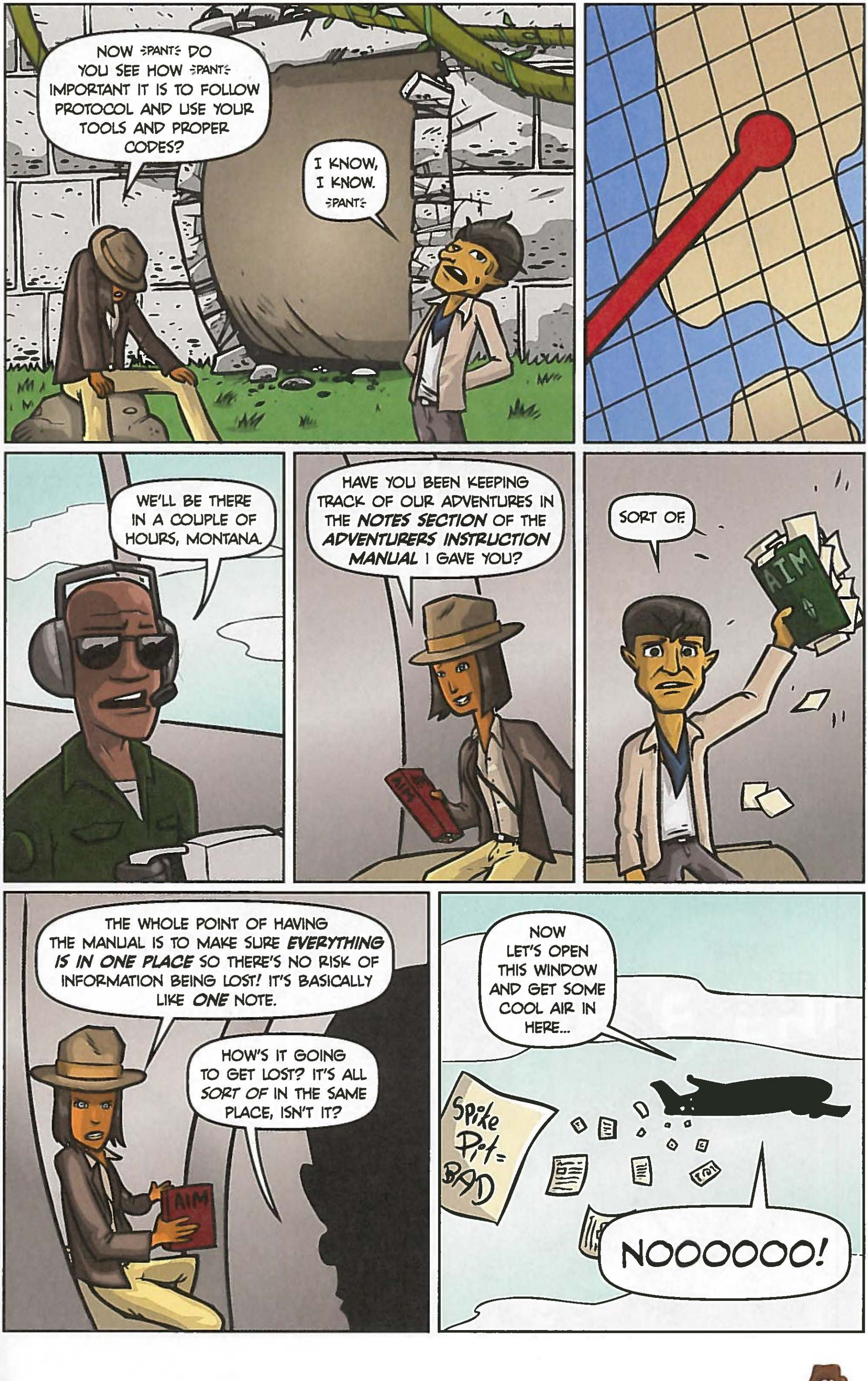

ALL OF THESE TOOLS AND PROCESSES WE'RE USING ARE CERTAINLY MAKING THINGS EASIER.
ABSOLUTELY, DR. GARRISON.
THEY EVEN MAKE THINGS MORE *EXCITING.*
EXCITING? REALLY?
YES! EVERY TIME I HEAR SOMEONE TALK ABOUT USING *MAPS* OR *COMPASS*, IT MAKES ME FEEL LIKE AN EXPLORER.
HA HA. I NEVER REALLY THOUGHT ABOUT IT THAT WAY.
SOMETIMES I DAYDREAM THAT I'M ON AN ADVENTURE TO LOCATE THE *GOLDEN RECORD*.
I'M...
MONTANA JACKSON
ON THE QUEST FOR THE GOLDEN RECORD

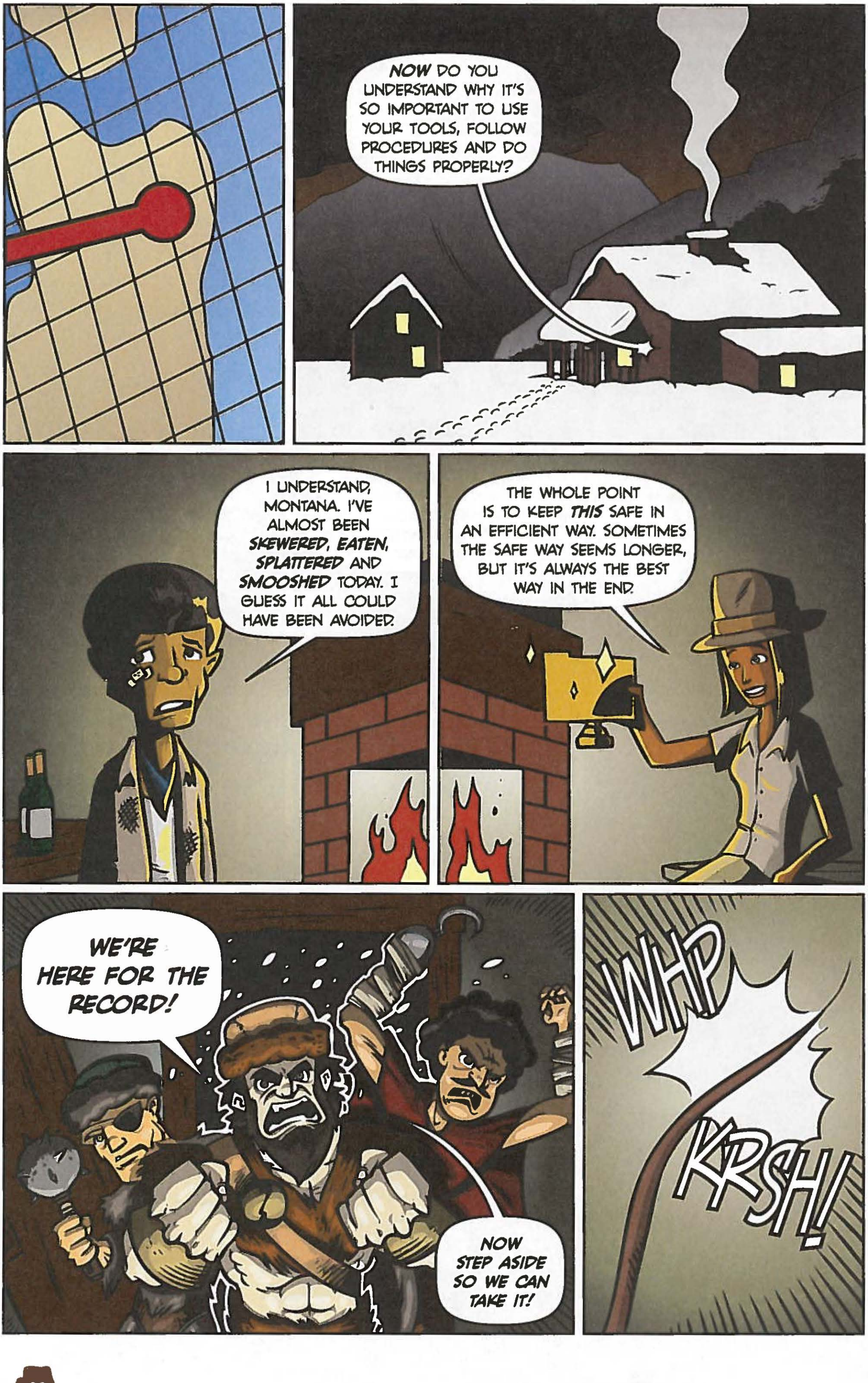

Montana Jackson goes **all over the world** in search of the **golden record**.
WE'RE ABOUT TO FLY OVER YOUR DESTINATION, MONTANA.
NOW'S THE TIME!
DID YOU FOLLOW THE PROPER STEPS TO PACK YOUR PARACHUTE, NISTO?
NAH.
SEEMED LIKE A LOT OF WORK. I JUST WINGED IT.
Some people just don't want to use the tools at their disposal.
That is **never** a good idea.
FWOOMP
OOPS.

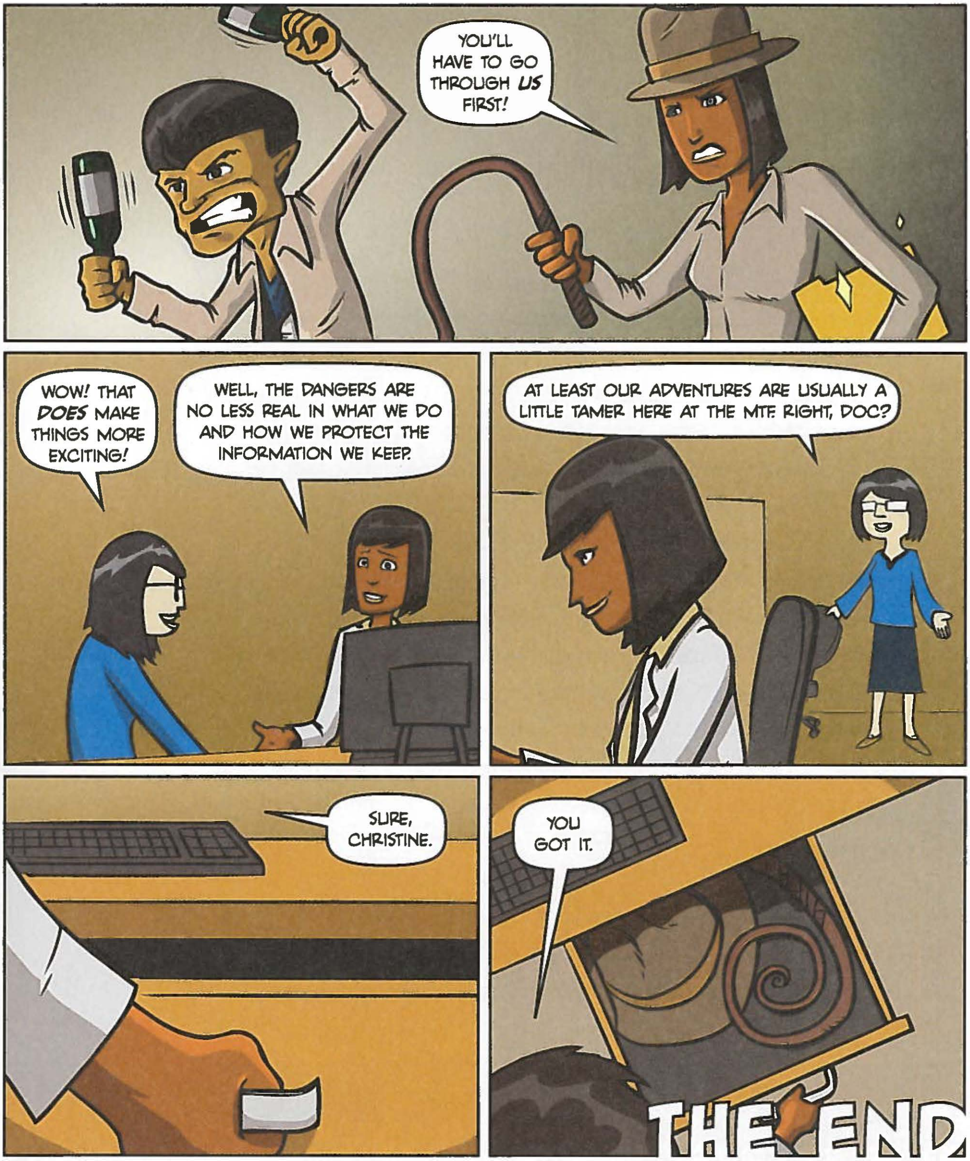

THANKS FOR YOUR HELP UP THERE. GUESS I SHOULD HAVE FOLLOWED PROTOCOL.
THAT'S ALWAYS THE WAY TO GO.
LET ME GET OUT MY *MAP* AND *COMPASS* SO WE CAN FIGURE OUT THE EASIEST AND MOST EFFICIENT WAY TO GO.
I'VE GOT A REALLY GOOD FEELING ABOUT *LEFT*. LET'S GO *LEFT*.
LOOKS LIKE THIS COULD BE A *GREAT SHORTCUT!* LET'S GO THIS WAY.
ACCORDING TO MY TOOLS, WE SHOULD GO *RIGHT*.
WHATEVER. I'M GOING *THIS* WAY.
WHAT'S THE WORST--
HSSSSSSSSS
ROAR
GRRRRRRRRRRR
YEAH.
YEAH.
I THINK WE'LL GO THIS WAY.
YEP.


THIS SURE LOOKS TRICKY.
HMM.
WELL, HERE WE GO.
NO! STOP!
ACCORDING TO MY ***ADVENTURER INSTRUCTION MANUAL***, THERE'S A CERTAIN CODE FOR WALKING ACROSS THESE TILES.
AIM
AIM
HOP
HOP
HOP
HOP
HOP
I'M JUST GOING TO SNEAK AROUND THE SIDE HERE. I DON'T NEED ANY ***CODE*** OR--
CRUUUUUUUUUMBLLLE
HUH.


GRAB IT AND LET'S GO!
IT'S NOT THAT EASY!
AIM
AIM
OKAY. I HAVE TO DO THIS *JUST RIGHT*.
HEY! HURRY UP!
BUMP!
RRrrRRRrrMMMMMBBBBbBBILLLLIILLL
UH OH...
RRRRRRRRRRRRRRMMMMMBBBBBBLLLLLLL


NOW ⸗PANT⸗ DO YOU SEE HOW ⸗PANT⸗ IMPORTANT IT IS TO FOLLOW PROTOCOL AND USE YOUR TOOLS AND PROPER CODES?
I KNOW, I KNOW. ⸗PANT⸗
WE'LL BE THERE IN A COUPLE OF HOURS, MONTANA.
HAVE YOU BEEN KEEPING TRACK OF OUR ADVENTURES IN THE *NOTES SECTION* OF THE *ADVENTURERS INSTRUCTION MANUAL* I GAVE YOU?
AIM
SORT OF.
AIM
THE WHOLE POINT OF HAVING THE MANUAL IS TO MAKE SURE *EVERYTHING IS IN ONE PLACE* SO THERE'S NO RISK OF INFORMATION BEING LOST! IT'S BASICALLY LIKE *ONE* NOTE.
HOW'S IT GOING TO GET LOST? IT'S ALL *SORT OF* IN THE SAME PLACE, ISN'T IT?
AIM
NOW LET'S OPEN THIS WINDOW AND GET SOME COOL AIR IN HERE...
Spike Pit = BAD
NOOOOOO!


NOW DO YOU UNDERSTAND WHY IT'S SO IMPORTANT TO USE YOUR TOOLS, FOLLOW PROCEDURES AND DO THINGS PROPERLY?
I UNDERSTAND, MONTANA. I'VE ALMOST BEEN SKEWERED, EATEN, SPLATTERED AND SMOOSHED TODAY. I GUESS IT ALL COULD HAVE BEEN AVOIDED.
THE WHOLE POINT IS TO KEEP THIS SAFE IN AN EFFICIENT WAY. SOMETIMES THE SAFE WAY SEEMS LONGER, BUT IT'S ALWAYS THE BEST WAY IN THE END.
WE'RE HERE FOR THE RECORD!
NOW STEP ASIDE SO WE CAN TAKE IT!
WHP
KRSH!


YOU'LL HAVE TO GO THROUGH *US* FIRST!
WOW! THAT *DOES* MAKE THINGS MORE EXCITING!
WELL, THE DANGERS ARE NO LESS REAL IN WHAT WE DO AND HOW WE PROTECT THE INFORMATION WE KEEP.
AT LEAST OUR ADVENTURES ARE USUALLY A LITTLE TAMER HERE AT THE MTF. RIGHT, DOC?
SURE, CHRISTINE.
YOU GOT IT.
THE END

The moral of the story:

It's always wise to use the tried and true tools you've been given to be successful in what you do.

Don't fall into the trap of taking shortcuts or altering the process. Following **MAPS** or **COMPASS** will lead you to the ultimate prize: **a complete, accurate EHR** and **a satisfied patient**.

DHIMS EHR UNIVERSITY EVENT

DHIMS hosted its first EHR University event this past March in San Diego, providing 735 Army, Air Force, Navy and government attendees with hands-on classroom training and over 50 educational sessions that offered 19 continuing medical education units. EHR University was a result of the growing interest to bring clinicians, trainers and system administrators from across the MHS together in a common forum to learn about the Military Health System (MHS) EHR. Additionally, an MHS Learning Strategy Working Group, with representation from DHIMS, MHS and the Tri-Service Theater and Garrison training leads, was established to develop a strategy and implementation plan to improve coordination and consistency of clinical information systems training and education across the MHS. The EHR University event was the culmination of these and other initiatives in an effort by DHIMS to become more of a learning institution, where it can be looked to as the key resource for the educational and training needs associated with the MHS' EHR.

To accomplish this, DHIMS pooled EHR innovators across the Services together to share best practices and new strategies to improve the EHR experience and to garner feedback from the front lines. Key speakers, including Chief Medical Informatics Officer for the European Regional

THE BRIEFINGS, VIDEOS AND TRAINING MATERIALS FROM THE DHIMS EHR UNIVERSITY EVENT CAN BE ACCESSED ON THE DHIMS WEBSITE:

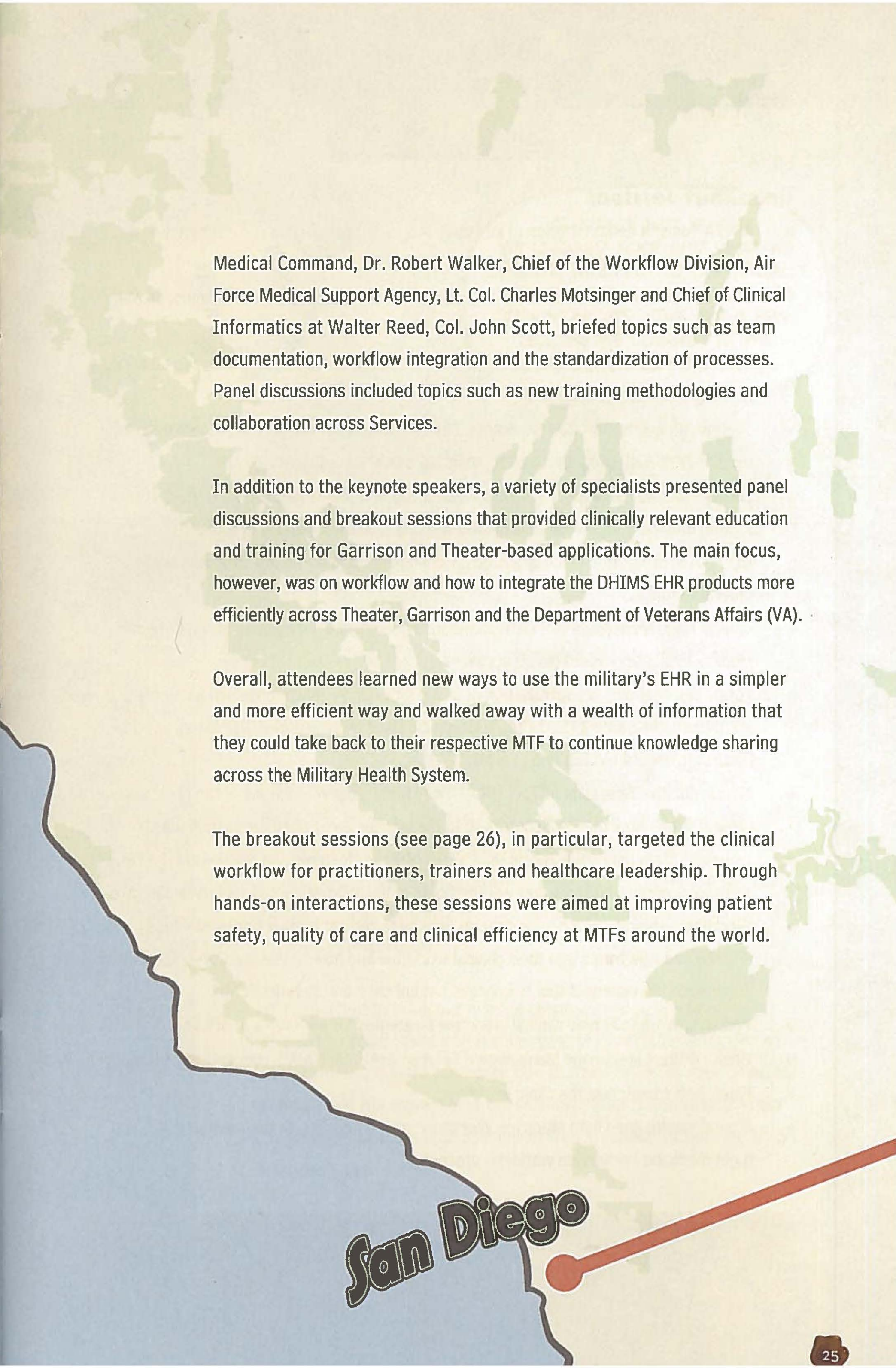
HTTP://DHIMS.HA.OSD.MIL/USERSUPPORT/EHRUNI/INDEX.ASPX

Medical Command, Dr. Robert Walker, Chief of the Workflow Division, Air Force Medical Support Agency, Lt. Col. Charles Motsinger and Chief of Clinical Informatics at Walter Reed, Col. John Scott, briefed topics such as team documentation, workflow integration and the standardization of processes. Panel discussions included topics such as new training methodologies and collaboration across Services.

In addition to the keynote speakers, a variety of specialists presented panel discussions and breakout sessions that provided clinically relevant education and training for Garrison and Theater-based applications. The main focus, however, was on workflow and how to integrate the DHIMS EHR products more efficiently across Theater, Garrison and the Department of Veterans Affairs (VA).

Overall, attendees learned new ways to use the military's EHR in a simpler and more efficient way and walked away with a wealth of information that they could take back to their respective MTF to continue knowledge sharing across the Military Health System.

The breakout sessions (see page 26), in particular, targeted the clinical workflow for practitioners, trainers and healthcare leadership. Through hands-on interactions, these sessions were aimed at improving patient safety, quality of care and clinical efficiency at MTFs around the world.



Breakout Sessions

- AHLTA Tools: a demonstration of key tools that enhance efficiency, consistency and accuracy of clinical documentation in AHLTA.
- EHR Instructor Tools: discussions regarding the current standards of training, provider goals and clinical metrics.
- Essentris®: identifying and applying physician and nurse workflow pointers to streamline and improve Essentris® usability.
- System Administration (SA) Bootcamp: key components of the SA role, key protocols for existing MHS EHR programs and common SA troubleshooting scenarios.
- Theater Medical Data Store (TMDS)/Theater Blood Management System: the current system and the information flow between components and reporting tools.
- DOD/VA Sharing: the necessary process changes that drive health care delivery in a federated facility.
- Clinical Case Management (CCM): a demonstration of the capabilities of the CCM and Medical Evaluation Board (MEB) software.
- Future Applications: an introduction of newly emerging applications such as Single Sign-on – Context Management (SSO-CM), E-Graphical User Interface (E-GUI), Virtual Lifetime Electronic Record (VLER) and eForms.
- Neurocognitive Assessment Tool (NCAT): key features and functions of the NCAT software programs and how they will contribute to the improvement of military health care.
- Traumatic Brain Injury/Behavioral Health (TBI/BH): key features and functions of the TBI/BH software programs and how they will contribute to the improvement of military health care.
- Workflow Integration: a demonstration on how to retrofit Patient Centered Medical Home (PCMH) and AIM forms into their clinical workflow and how to use the Carepoint Suite as a Knowledge Management tool to improve patient care and support PCMH.
- Pediatric Workflow: new clinical workflow strategies for pediatrics in AHLTA.
- Health Artifact and Image Management Solution (HAIMS): HAIMS concepts and terminology.
- Fleet: how to optimize the clinic workflow.
- Mental Health and Flight Medicine Workflow: an introduction to the mental health and flight medicine Tri-Service workflow process.

EHR
WE DIDN'T JUST TEACH, WE LEARNED TOO! AND WHAT WE LEARNED WILL HELP TO CONTINUALLY IMPROVE THE WAY WE TRAIN AND COMMUNICATE. HERE ARE A FEW LESSONS WE LEARNED AT THE DHIMS EHR UNIVERSITY EVENT...

- Clinicians, trainers and support staff from across the MHS are engaged and ready to share and learn from each other about how to effectively use technology in their clinics and facilities throughout the MHS.
- There is significant and notable innovation occurring locally throughout the MHS. However, the process for sharing and proliferating best practices isn't fully developed. There is a need to keep the EHR community connected in order to promote effective learning and knowledge sharing on the MHS EHR and related clinical systems.
- Traditional methods of training end-users on clinical systems may no longer be the most efficient or effective way to promote meaningful use and learning. A better approach is to employ a combination of training and education interventions, including direct over-the-shoulder support, to address both individual learning styles and the workflow of the entire clinical team.
- It's important to bring our diverse community together to renew and strengthen relationships with colleagues in medical facilities across the world. Cross-Service information sharing, driven by local experts, showed that the value lies in the collective efforts and energy of our clinicians, trainers and support staff who are working with the MHS EHR every day.

SERVICE DESK: AHLTA SP1

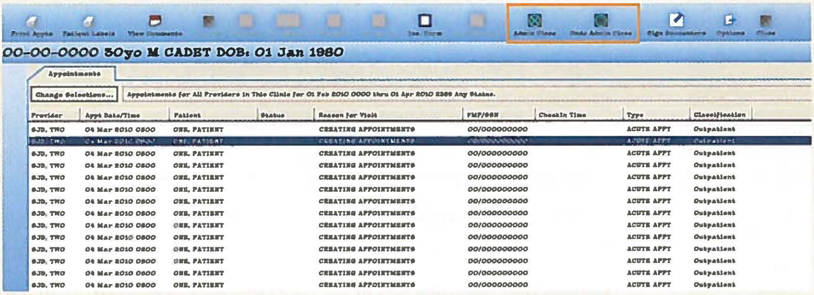
AHLTA 3.3.6 Service Pack 1 is Coming!

You've asked for help, and we've listened. AHLTA 3.3.6 Service Pack 1 (SP1) has almost completed beta testing and is expected to begin deployment in 2011. SP1 focuses on stability, bug fixes and limited enhancements, resolving over 200 user reported issues, several Tier I issues and about 50 Tier III, field reported issues. Simply put, it rolls up all the previous AHLTA versions, cleans them up and incorporates the major fixes that you've been requesting to make your AHLTA experience less challenging. The result: the new and improved AHLTA 3.3.6 SP1.

Don't remember what the tiers are? Refer to the Service Desk section of the February issue of *EHR Insights* to refresh your memory.

What's New?

Admin Close Feature—Admin Close gives users the option to close open appointments in AHLTA without any information being written to CHCS ADM. To access this option, the user needs to have "administrative closing of encounters" assigned to his/her account. To undo Admin Close, highlight Select on an appointment already Admin Closed.



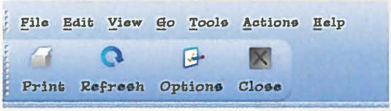
00-00-0000 30yo M CADET DOB: 01 Jan 1980

Appointments for All Providers in This Clinic for 01 Feb 2010 0000 thru 01 Apr 2010 2359 Any Status.

Provider	Appt Date/Time	Patient	Status	Reason for Visit	FMP/SSN	Checkin Time	Type	Classification
SJD, TWO	04 Mar 2010 0800	ONE, PATIENT		CREATING APPOINTMENTS	00/000000000		ACUTE APPT	Outpatient
SJD, TWO	04 Mar 2010 0800	ONE, PATIENT		CREATING APPOINTMENTS	00/000000000		ACUTE APPT	Outpatient
SJD, TWO	04 Mar 2010 0800	ONE, PATIENT		CREATING APPOINTMENTS	00/000000000		ACUTE APPT	Outpatient
SJD, TWO	04 Mar 2010 0800	ONE, PATIENT		CREATING APPOINTMENTS	00/000000000		ACUTE APPT	Outpatient
SJD, TWO	04 Mar 2010 0800	ONE, PATIENT		CREATING APPOINTMENTS	00/000000000		ACUTE APPT	Outpatient
SJD, TWO	04 Mar 2010 0800	ONE, PATIENT		CREATING APPOINTMENTS	00/000000000		ACUTE APPT	Outpatient
SJD, TWO	04 Mar 2010 0800	ONE, PATIENT		CREATING APPOINTMENTS	00/000000000		ACUTE APPT	Outpatient
SJD, TWO	04 Mar 2010 0800	ONE, PATIENT		CREATING APPOINTMENTS	00/000000000		ACUTE APPT	Outpatient
SJD, TWO	04 Mar 2010 0800	ONE, PATIENT		CREATING APPOINTMENTS	00/000000000		ACUTE APPT	Outpatient
SJD, TWO	04 Mar 2010 0800	ONE, PATIENT		CREATING APPOINTMENTS	00/000000000		ACUTE APPT	Outpatient
SJD, TWO	04 Mar 2010 0800	ONE, PATIENT		CREATING APPOINTMENTS	00/000000000		ACUTE APPT	Outpatient
SJD, TWO	04 Mar 2010 0800	ONE, PATIENT		CREATING APPOINTMENTS	00/000000000		ACUTE APPT	Outpatient
SJD, TWO	04 Mar 2010 0800	ONE, PATIENT		CREATING APPOINTMENTS	00/000000000		ACUTE APPT	Outpatient
SJD, TWO	04 Mar 2010 0800	ONE, PATIENT		CREATING APPOINTMENTS	00/000000000		ACUTE APPT	Outpatient

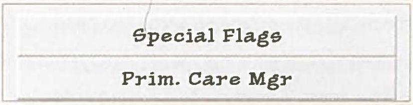
Printing Options

When a module is opened and displayed, users may now print module information from the File>Print> (module) pull-down menu or by clicking the Print icon on the Actions bar for the following modules: Lab, Radiology, Problems and Vitals. Using the File pull-down menu provides the additional option to Print Preview.



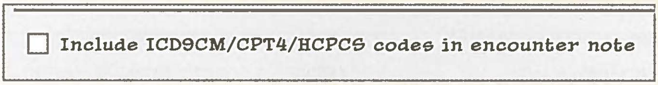
Special Flags Information & Comments

Users with the Patient Special Flags key can assign special flags to patients through the Demographics module. There are currently two special flags: Methicillin-resistant Staphylococcus Aureus (MRSA) and Vancomycin-resistant Enterococcus (VRE). The user can also enter free-text comments in regards to the selected special flag. For authorized users, an indicator displays on the patient ID bar for each special flag. Clicking on this indicator navigates to the Demographics module and opens the Special Flags window, enabling the user to view the special flag information.



Encounter Summary Properties Option

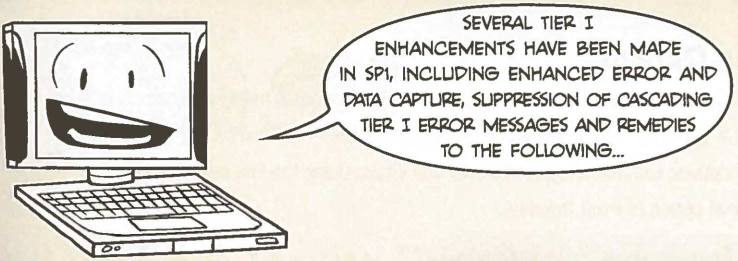
Users may now select a checkbox to include ICD-9, CPT and HCPCS codes documented in the A/P module in the Current Encounter summary. Once selected, the codes are written to the current Encounter Summary and all subsequent encounters until the user deselects the checkbox.



☐ Include ICD9CM/CPT4/HCPCS codes in encounter note

Immunizations Module Enhancements

- Immunizations documented in the Vaccine Select window of the patient's Immunizations module now pre-populate the A/P module of the selected encounter with a base and administration procedure code as well as any add-on codes, as necessary.
- This functionality enables users to receive workload credit for administering immunizations in the selected encounter. If the user elects not to associate the immunization(s) to an encounter, no credit is given.
- When a user elects to open the Immunizations module, and if no current encounter is open, the Select Encounter window opens with options to select an eligible encounter (such as incomplete encounters from current and previous day), create a new encounter or proceed without an open encounter.


SEVERAL TIER I ENHANCEMENTS HAVE BEEN MADE IN SP1, INCLUDING ENHANCED ERROR AND DATA CAPTURE, SUPPRESSION OF CASCADING TIER I ERROR MESSAGES AND REMEDIES TO THE FOLLOWING...

Issue	Solution
Medication Management.frmMeds. MenuButtons error. This error occurred when the Medications module window was out of focus or when AHLTA timed-out or was locked by using CTRL-Z if the Meds module was open with a med selected and the details were showing.	Changes have been made so this error will no longer occur if AHLTA times-out or is locked while the Medications module is open.
mscorlib:InvokeDispMethod error. This error is generic and context-sensitive and occurred for a variety of reasons, most commonly after there had been an unhandled exception.	To help reduce the occurrence of this issue, the necessary exception error has been added to any events that did not already have it. This may not resolve all issues but will help identify the root cause of the problem.
XML document (1, 99) error. Happens when the client is attempting to de–serialize the reply XML into an AHLTA defined object.	The AHLTA object was updated to match the XML so it can de-serialize correctly.
EncParent.EncounterOps. SOCloseSection error. The S/O CloseSection was not being called when it should. If the provider hit the close, it was called but not if the menu bar was used to go to A/P or Disposition.	To help reduce the occurrence of this issue, the necessary exception error has been added to any events that did not already have it. This may not resolve all issues, but will help identify the root cause of the problem.
System.Windows. Forms:MarshaledInvoke error. This happened most commonly after there had been an unhandled exception.	To help reduce the occurrence of this issue, the necessary exception error has been added to any events that did not already have it. This may not resolve all issues, but will help identify the root cause of the problem.

Other Top Fixes

Issue	Solution
Walk-In and Sick-Call appointments in AHLTA were coming across to CHCS as KEPT appointments.	The problem was due to the Sync manager uploading appointment information to CHCS and not passing the expected appointment status to CHCS. Software changes to correct the issue are in the current release.
Appending notes to signed encounters would change workload to non-count in CHCS. When a privileged provider signed and completed an encounter with workload "COUNT," the encounter synced to the CDR and was removed from the ICD. If a non-privileged user appended a note to scan an item several days later, the encounter workload was changed to "NON-COUNT," sending the wrong workload to CHCS.	The logic was modified when updating an encounter to set the SADR Status based on appointment workload and modifications were made to mid tier code to add different SADR status based on Encounter Status.
The batch printing capability for SF600s in AHLTA version 3.4.185 did not function correctly. The first of the selected encounters printed correctly, but all subsequent encounters only printed the signature page.	This issue occurred when multiple encounters were previewed. The initial RTF prints, however, all subsequent encounters only printed with patient ID information. The problem has been resolved in the current release.
View Last 'N' option in Previous Encounters Module displayed incorrectly. When selecting to view the last certain number ('N') of encounters, the most recent number of encounters did not display correctly.	Code was modified to return the correct number of previous encounter notes and to display them in proper order.
The DD2766C in the Immunizations Module printed the patient's previous name instead of current name.	The problem has been resolved in the current release.

Issue (cont.)	Solution (cont.)
ENC_Failed error occurred when creating a new appointment.	The ENC_FAILED error occurred as a result of duplicate appointment IENs existing at two facilities. The issue has been resolved in the current release.
Additional dosage for the flumist immunization was not available. The value requested would support the flumist and Zoster vaccines.	The .065 ml dosage for the Zoster live vaccine has been added, and .2 ml for flumist.
Draft Encounter Note prevented signing. A provider that amended an encounter, added a lab and now had an "Add Note" entry that was listed as a "Draft" was unable to sign the encounter because of the draft note. A non-editable note was allowed to be saved as a Draft, creating a condition that prevented signing the encounter.	The controls are no longer available to a user when these conditions are in effect. Draft notes are prevented from occurring under this condition so the provider will be able to sign encounters.
Radiology Report is truncated in AHLTA but displays correctly in CHCS.	The problem has been resolved in the current release.
HCPCS codes L4392, L4394, L4396, L4398 are not showing correctly in the A/P orders and procedures.	The problem has been resolved in the current release.
When the "Change Password" setting was activated, the user received "Object Reference of an instance not set" error when logging on.	The system perceived that the user was still logged in though the user was not. The log-on condition was set correctly to eliminate the error.
The Clinical Notes report printed blank pages and included incorrect information in the headers and footers.	The problem has been resolved in the current release.

Issue (cont.)	Solution (cont.)
New Clinical Notes for a date in the past saved with the current date. Clinical Notes chronology was not preserved.	The issue was a result of an incorrectly set global variable. The global variable was updated to pull the date correctly when creating a new Clinical Date, regardless of current date value.
The system did not default to "New Patient." When the patient was entered/registered in CHCS for the first time and the appointment was the same day, the Patient Status defaulted to "Established Patient."	The system defaults the Patient Status field for the current encounter in the E&M calculator to "Established" if the patient has an appointment in the system with a status other than one of the following in the same clinic/specialty and MTF as the current encounter (within 36 months): OpenNotCheckedIn; Patient Canceled; Facility Canceled; LWOBS; No Show; and Pending <blank>. Otherwise, the Patient Status field defaults to "New."
There was a font issue with copy and paste. When a Word® document was copied and pasted into AddNote and the encounter was signed, the document placed in AddNote displayed Greek characters in the Previous Encounters module.	Added a call to combine the font tables and fixed the problem. Also changed the tag to correct a problem when copying from Internet Explorer.

Important Notes

- Windows XP Users can uninstall/reinstall just the AHLTA application (normal update process).
- Windows 7 Users will require a full re-image of the computer.
- Dental Module and SRTS Module have not been tested and are not supported in SP1 3.3.6.
- The 838 baseline is not supported against the 3.3.6 SP1 Mid-Tier.

Questions? Contact us at:

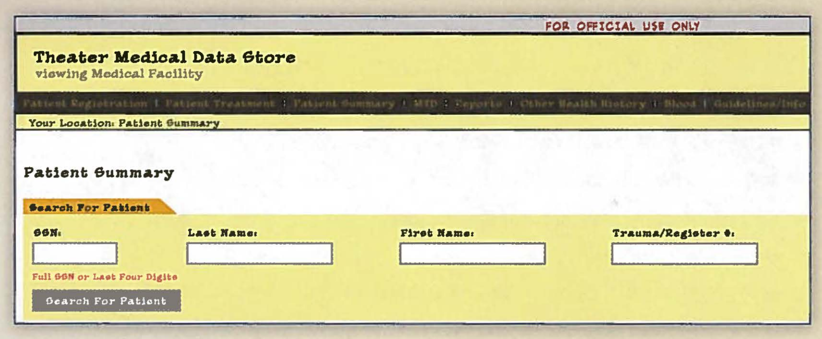
AHLTA-TIER3@SAIC.COM

DID YOU KNOW?
TMDS
YOU DON'T NEED *X-RAY VISION* TO SEE YOUR PATIENT'S THEATER TREATMENT HISTORY!
USING TMDS PATIENT SEARCH, A WEB-BASED TOOL, YOU CAN VIEW THE PATIENT'S HISTORY!
T

Get to Know the TMDS Patient Search Function

First, request a TMDS user ID by going to https://tmds.tmip.osd.mil/. Once you have your user ID, follow these steps to display and use patient search:

1. Navigate to Patient Summary (requires PHI access).
2. Enter a complete SSN or the SSN's last four digits; enter a full or partial last name and first name; or search by entering a patient register number. Click Search for Patient.



Theater Medical Data Store
viewing Medical Facility

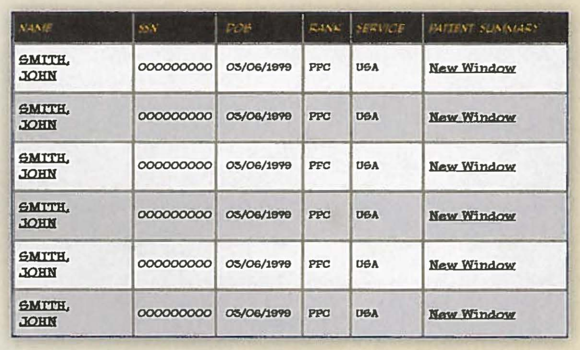
Patient Registration | Patient Treatment | Patient Summary | MTD | Reports | Other Health History | Blood | Guidelines/Info

Your Location: Patient Summary

Patient Summary

Search For Patient
SSN:
Last Name:
First Name:
Trauma/Register #:
Full SSN or Last Four Digits
Search For Patient

3. Click the View SF 502 Narrative Summary (PDF) link to view the patient's SF 502.
4. To view PEMs and PMRs for the selected patient, expand using the "+" icon or click the Expand All button.
5. To view Ancillary Services (if available for the selected patient), expand the + icon.
6. In the Attached Files section, click either the View link or the Add Attached Files link (TMDS version 2.6.0.0).
7. To upload a file, click Browse and select the file. Click Upload.
8. To download a file, click the Filename link.



NAME	SSN	DOB	RANK	SERVICE	PATIENT SUMMARY
SMITH, JOHN	000000000	03/06/1979	PFC	USA	New Window
SMITH, JOHN	000000000	03/06/1979	PFC	USA	New Window
SMITH, JOHN	000000000	03/06/1979	PFC	USA	New Window
SMITH, JOHN	000000000	03/06/1979	PFC	USA	New Window
SMITH, JOHN	000000000	03/06/1979	PFC	USA	New Window
SMITH, JOHN	000000000	03/06/1979	PFC	USA	New Window

Did You Know? TOL Blue Button

Check Out the Blue Button on TOL!

The TRICARE Online (TOL) Blue Button provides authorized TOL users the ability to view, print and save their available personal health data in five easy steps (using a Common Access Card [CAC] or DOD Self-Service [DS] Logon):

Step 1:	Go to the TOL homepage located at tricareonline.com.
Step 2:	Log into TOL using your CAC or DS Logon.
Step 3:	Click the "Blue Button" to access your personal health data.
Step 4:	By default, TOL displays a summary of your personal health data. Select the "+" symbol to expand your personal health data. Select the "–" symbol to collapse your data into a summary.
Step 5:	Select the Blue Button Download My Data icon to save personal health data to your computer. You can specify the data types, data range and file format.

What Can You Do?

- Access and view personal health data and explore medication, allergy and demographic profile information, lab results, problem lists and encounter data.
- Tailor personal health data preferences and view all available personal health data or a summary of select data.
- Download and save personal heath data in PDF (.pdf) or text (.txt) file format
- Print personal health data.

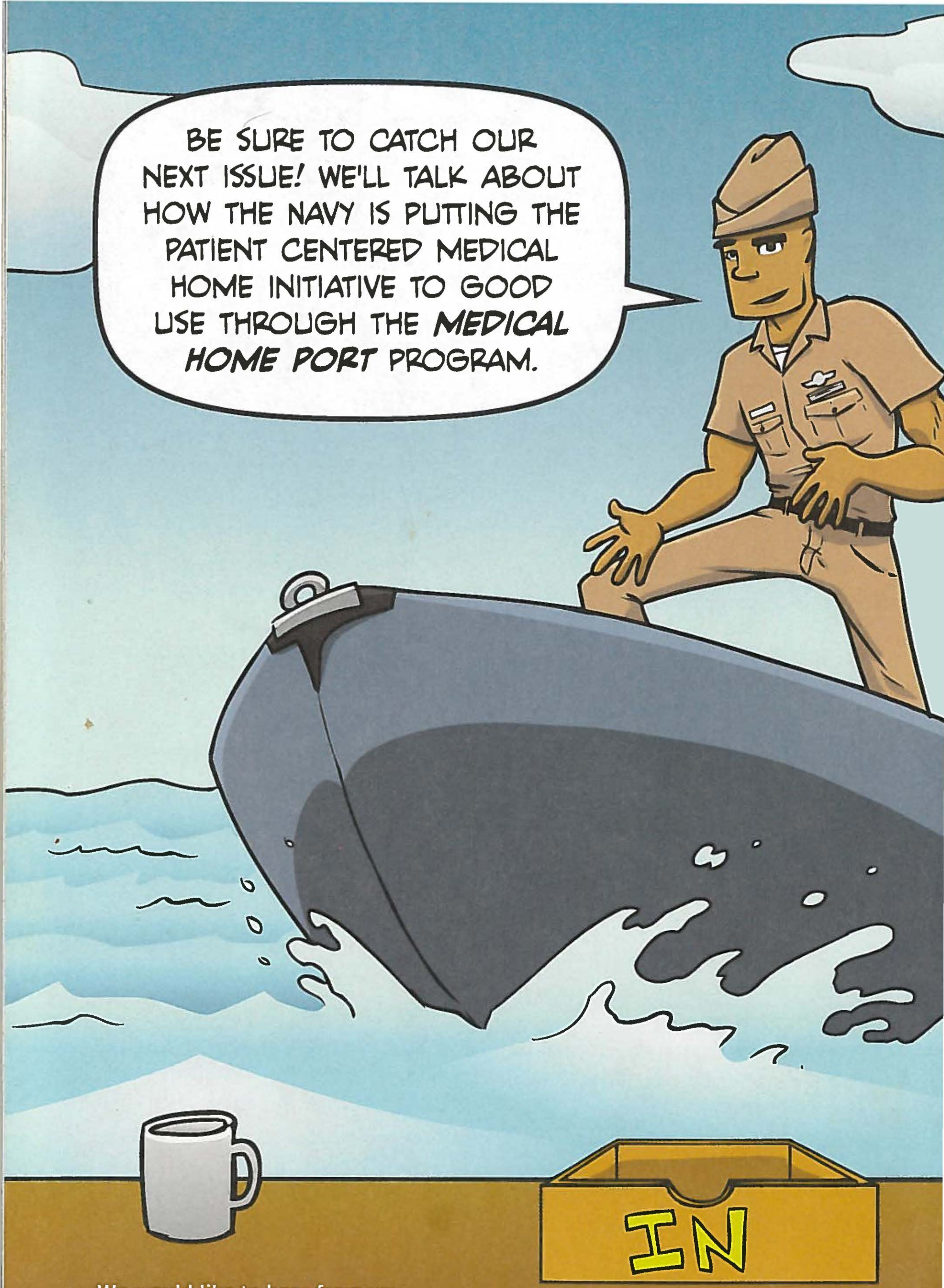
The Blue Button will be offering new enhancements in the summer of 2011 that include a new look and feel; expanded personal health data; and access to lab results, problem lists and encounter notes.

Reminder for Providers

Don't forget to share this information with your patients. Tell them about this and other TOL tools they can use to save time and be a more proactive member of their healthcare team: access to personal health data, online appointment services, pharmacy refill, Health Risk Assessment (HRA) and TRICARE services/benefits.

GLOSSARY OF EHR ACRONYMS

ADM	Ambulatory Data Module
AIM	Alternate Input Method
AHLTA	The military's electronic health record
AMEDD	Army Medical Department
ANAM	Automated Neuropsychological Assessment Metrics
A/P	Assessment and Plan
CAC	Common Access Card
CCM	Clinical Case Management
CDR	Clinical Data Repository
CHCS	Composite Health Care System
CM	Context Management
COMPASS	Clinical Optimization for Military Provider AHLTA Satisfaction Strategy
CPT	Current Procedural Terminology
DHIMS	Defense Health Information Management System
DISA	Defense Information Systems Agency
DM	Dragon Medical
DOD	Department of Defense
DS	DOD Self-Service
ECG	Electrocardiogram
E-GUI	Enhanced Graphical User Interface
EHR	Electronic Health Record
ENC	Encounter
ERMC	Europe Regional Medical Command
HAIMS	Health Artifact and Image Management Solution
HCPCS	Healthcare Common Procedure Coding System
HPI	History of Present Illness
HRA	Health Risk Assessment
ICD-9	International Statistical Classification of Diseases and Related Health Problems
IEN	Internal Entry Number
LWOBS	Left Without Being Seen
MAPS	MEDCOM AHLTA Providers Satisfaction
MDM	Medical Decision Making
MEB	Medical Evaluation Board
MHS	Military Health System
MTF	Military Treatment Facility
mTBI	Mild Traumatic Brain Injury
NCAT	Neurocognitive Assessment Tool
NHP	National Health Program
OTC	Over the Counter
PCMH	Patient Centered Medical Home
PEM	Patient Encounter Module
PFSH	Past, Family, Social History
PMR	Personal Medical Readiness
PMH	Past Medical History
PSH	Past Surgical History
ROS	Review of Systems
Rx	Prescription Medication
SA	System Administration
SADR	Suspected Adverse Drug Reaction
SO	Subjective/Objective
SSO	Single Sign On
SSN	Social Security Number
TMDS	Theater Medical Data Store
TBI	Traumatic Brain Injury
TBI/BH	Traumatic Brain Injury/Behavioral Health
TOL	TRICARE Online
VA	Department of Veterans Affairs
VLER	Virtual Lifetime Electronic Record


BE SURE TO CATCH OUR NEXT ISSUE! WE'LL TALK ABOUT HOW THE NAVY IS PUTTING THE PATIENT CENTERED MEDICAL HOME INITIATIVE TO GOOD USE THROUGH THE *MEDICAL HOME PORT* PROGRAM.
IN

We would like to hear from you.

Write to:

» Defense Health Information Management System
5109 Leesburg Pike, Suite 100
Falls Church, VA 22041

Send email to:

» DHIMSCommTeam@tma.osd.mil

Internet address:

» http://dhims.health.mil/UserSupport/